# Santa Clara County Community Profile on Violence



# **Letter from the Director**

Dear Colleagues and Community Members,

The Santa Clara County Public Health Department is pleased to present the Santa Clara County Community Profile on Violence (CPOV) 2003 Report. This comprehensive report profiles the scope and magnitude of the violence problem in Santa Clara County by providing national, state and local data on various crime or incident types.

The mission of the Public Health Department is to serve all people of Santa Clara County by protecting health; preventing disease, injury, premature death and disability; promoting healthy lifestyles, behaviors and environments; and responding to disasters, disease outbreaks and epidemics. To fulfill this mission, as well as the legal mandate to collect, tabulate and disseminate information, the Public Health Department must continuously monitor the health status of the community and communicate findings to the public at-large. The CPOV Report is one way the Public Health Department fulfills both its mission and its mandate. This report has been made possible through a broad, collaborative partnership across the Santa Clara County organization, and other organizations and groups.

It is our hope that the information in this report will serve to heighten awareness about important crime and violence issues that affect our community and assist in focusing individual agency and/or collective action to address those issues. Information in this report can assist us all in guiding us individually and collectively to make data-driven decisions, especially during the current economic climate.

Although Santa Clara County is still a relatively safe place to live, this report identifies various opportunities for improvement. The key rests on awareness and data-driven action.

Sincerely,

Guadalupe S. Olivas, PhD

Director, Public Health Department

LuadaLupe D. Olivas

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# **Acknowledgements**

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# **Executive Summary**

This Community Profile on Violence (CPOV) begins to portray the violence problem in Santa Clara County by examining national, state and local data on various violent crime and incident types. This report provides an important snapshot of violence in our County that will help us understand where and how we need to concentrate our efforts to reduce violence in our community.

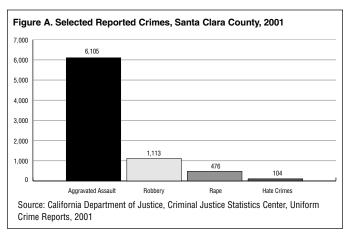
Overall, violent crime rates in Santa Clara County are lower than state and national rates. County homicide and robbery rates are less than half of state and nationwide rates, and homicide rates in particular are well below the Healthy People 2010 objective. Substantiated child maltreatment rates are also far below state and national rates.

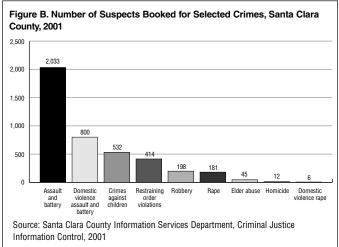
Aggravated assault rates, however, are higher. While just under the state rate, the County assault rate is higher than the rates of neighboring counties.

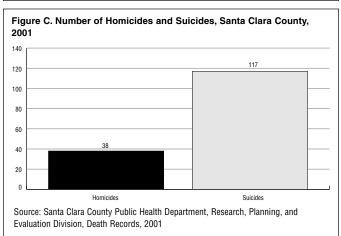
There are several indicators that help determine the prevalence of crime, including the number of crimes reported to law enforcement. In Santa Clara County (see Figure A), aggravated assaults topped the list with more than 6,000 reported incidents in 2001. There were more than 1,000 reported robberies, nearly 500 reported rapes, and more than 100 reported hate crimes.

Another indicator is the number of suspects who were booked in each crime category (see Figure B). In 2001, the majority of bookings in Santa Clara County were for assault and battery and more than a quarter of those were related to domestic violence. A large number of bookings were also due to crimes against children and restraining order violations. Bookings for robbery and rape occurred less often.

The ending of a human life is the most tragic result of violence. In 2001, there were 151 deaths in Santa Clara County due to either homicide or suicide (see Figure C).







The following section highlights some of the key findings of the report by crime or incident type. It also includes key data needs so that we can focus on filling some of the data gaps and improving the comparability between local, state and national crime data. Third, comparisons are made between Santa Clara County and other surrounding counties. Finally, information is also provided for how Santa Clara County measures up to national health objectives.

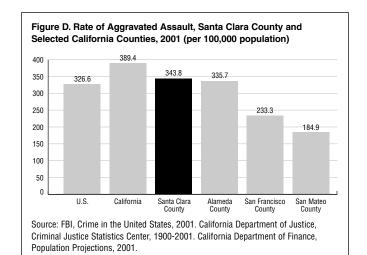
# **Key Findings**

#### Physical Assault

National. Aggravated assault accounted for the majority of all violent crime reported in the U.S. in 2001. While there was a slight decrease in the number of aggravated assaults reported from the previous year, there was an increase in the use of weapons. The most often reported victims of aggravated assault were 16 to 19-yearolds, males, Blacks, and those with low income. Men were more at risk from attack by strangers while women were more at risk from people they knew. The most often reported offenders were males and Whites.

Local. In Santa Clara County, the highest rate of aggravated assaults occurred in Gilroy, San Jose and Mountain View in 2001. Injuries were incurred most often by 20 to 24-year-olds followed by 15 to 19-year-olds. The most often reported offenders were 15 to 19-year-olds, males and Hispanics.

The Santa Clara County rate of aggravated assault was slightly lower than the state rate (3.4 vs. 3.9 per 1,000 population). Santa Clara County, although lower than California as a whole, was higher than several neighboring counties. Most notably, Santa Clara County's



rate of aggravated assault was almost twice that of San Mateo County (see Figure D).

The number of assaults in Santa Clara County in 2001 were:

- 6,105 reported cases of aggravated assault
- 4,422 charges filed for assault and battery
- 2,835 assault and battery convictions
- 2,833 bookings made for assault and battery
- 246 injured persons due to assault and battery treated by Emergency Medical Services

Data Need. More data are needed on victims of assault in Santa Clara County.

#### Hate Incidents/Crime

**National.** The most frequently reported hate crime in 2001 was motivated by racial bias followed by ethnicity/ national origin. Hate crimes based on ethnicity/national origin increased in 2001, probably due to the events of September 11. Hate crimes were mostly committed against individuals and by means of intimidation. The majority of reported offenders were White and the largest percentage of hate crimes occurred on residential property.

**Local.** The number of hate crimes reported to authorities in 2001 increased 281% from the previous year in Santa Clara County, and hate incidents jumped 2,233%. Hate crime reporting peaked in September 2001. In high schools, race/ethnicity harassment was the most common type of harassment and the most frequent reported victims of race/ethnicity harassment were males and African Americans. Among female students, gender harassment was reported more often than among male students.

Some data about hate crimes in Santa Clara County in 2001 follow:

- 104 hate crimes reported to law enforcement
- 14 percent of middle and high school students reported they had been harassed at school because
  of their race or ethnicity

**Data Need.** More local offender and circumstance data are needed to understand the motivation behind hate crimes.

#### **Homicide**

**National.** In 2001, there was a slight increase in reported homicides from 2000. The most often reported victims were adults, males, and Whites or Blacks. Nearly half of the victims knew their assailant. Nearly a third of female victims were killed by an intimate partner. Among children, those under age 6 faced an increased risk of homicide. The most often reported offenders were adults, males, and Blacks or Whites. The majority of reported juvenile offenders were males and Blacks. Gang-related homicides decreased overall from 1991 to 1998, however reductions in large cities like Chicago and Los Angeles accounted for most of the decline; in other areas gang violence increased. A firearm was used in the majority of homicides and arguments were the most likely precursor to homicide.

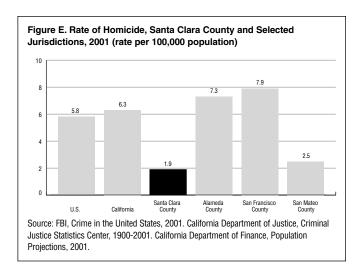
**Local.** The homicide rate in Santa Clara County declined between 1999 and 2001. Most victims reported were males, Hispanics, and under 25. Most offenders reported were males, Hispanics, and ages 18 to 24. A firearm was the most common weapon used.

Santa Clara County has met the Healthy People 2010 goal of 3.2 homicides per 100,000 population. Additionally, Santa Clara County's rate of homicide was less than half that of California's overall rate (6.3 per 100,000 population). The Santa Clara County rate of homicide was lowest as compared with the U.S., state, and three neighboring counties (see Figure E).

The number of homicides in Santa Clara County in 2001 were:

- 34 willful homicides reported
- 31 charges filed for homicide
- 20 homicides that involved a firearm
- 20 homicide convictions
- 12 bookings for homicide

**Data Need.** Continued and ongoing data collection is needed to track important information on homicides such as circumstances about the incident, relationship of victim and offender, and the motivation behind the homicide.



#### Intimate Partner Violence

**National.** Intimate partner violence affects all genders, socioeconomic levels, race/ethnic groups, and religious backgrounds. But women are most often victims and more likely to suffer injury or even death as a result of intimate partner violence, compared to men. While African American women are more likely to experience intimate partner violence, American Indian women are most likely to report it and Asian/Pacific Islander women are least likely to report it. Nearly half of offending men were drinking when they committed violence against their partners. Unemployment and drug or alcohol use is associated with increased risk for committing intimate partner violence, as well as being more depressed and having lower self esteem. Men who are physically violent toward their partners are more likely to use violence against children.

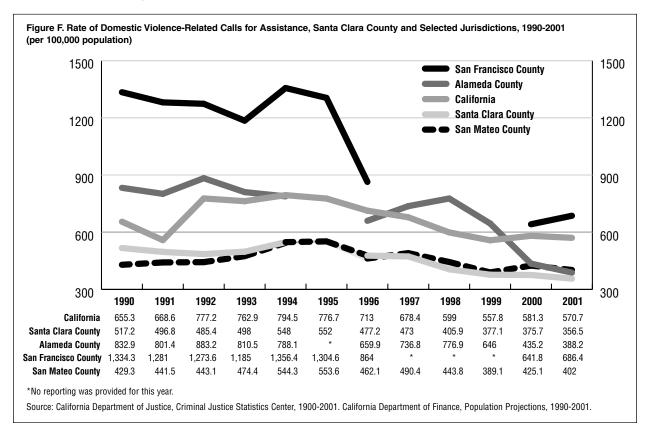
**Local.** The rate of domestic violence-related calls for assistance in Santa Clara County has been much lower than California as a whole and San Francisco and Alameda counties in the past decade (see Figure F). In 2001, there was a slight increase in domestic violence-related calls for assistance in Santa Clara County compared to 2000, while there was a slight decline of domestic violence-related deaths. The highest rates of calls were in Campbell, Gilroy, and San Jose. A majority of all domestic violence-related deaths from 1993 to 2001, were caused by firearms, followed by stabbing. In a majority of the deaths, the victims were separated or divorced.

The number of Emergency Protective Restraining Orders issued in Santa Clara County jumped seven-fold from 1993 to 2001. Morgan Hill and Sunnyvale had the highest rates of issuance. Restraining order violators were most often reported to be males, Hispanics or Whites, and 25 to 44 years old. The same percentage of males and females in middle and high school reported being hit by a boyfriend or girlfriend in the last 12 months.

Some data about intimate partner violence in Santa Clara County in 2001 follow:

- 16,980 bed nights provided by four local domestic violence shelters
- 10,306 hotline calls received by four domestic violence shelters
- 6,400 domestic-violence related calls made to the police
- 1,895 emergency protective restraining orders issued
- 800 bookings for domestic violence-related assault and battery
- 473 convictions for restraining order violations
- 401 children who received shelter services
- 386 women who received shelter services
- 98 reports of domestic violence reviewed by the District Attorney office each week
- 17 deaths due to domestic violence
- 11 convictions for domestic violence-related assault and battery
- 9 percent of middle and high school students reported they had been hit by a boyfriend/girlfriend in the past 12 months
- 6 bookings for domestic violence-related rape
- 2 percent of adults surveyed reported they had experienced some intimate partner violence in the past 12 months

**Data Need.** Local data are needed on domestic violence-related incidences, not just death. Because domestic violence often happens in the presence of children, data also need to be collected about the number of children impacted.

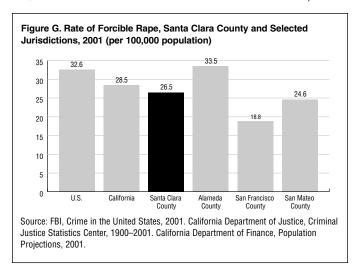


#### Rape and Sexual Assault

**National.** There was a slight increase in forcible rapes reported in 2001 over the previous year. Rape and sexual assault are frequently not reported to authorities. Offenders were most often reported as Whites, males, and under age 25. Victims were most often reported as females, under age 20, and those with low income. In the majority of rapes against females, the victim knew their attacker. Friends and acquain-

tances were more likely to commit rape or sexual assault than strangers. Rape and sexual assault frequently involved juveniles. In the vast majority of forcible rapes against males, the victim was under 18. Those with disabilities were more likely to be victims than those without disabilities.

**Local.** California's rate of rape (0.3 per 1,000) was less than half that of the Healthy People 2010 Objective (0.7) and national rate (0.6). The rate of rape in Santa Clara County (0.3) was comparable to the California rate. When comparing Santa



Clara County against other neighboring counties, the rate of forcible rape was about average (see Figure G). The highest rape rates were in San Jose, Santa Clara, and unincorporated areas of the County. Most offenders reported were males, Hispanics, and under age 35.

Some data about rapes in Santa Clara County in 2001 follow:

- 476 reported rapes
- 188 charges filed for rape
- 149 rape convictions
- 3 percent of surveyed adults reported they had been forced to have sex since their 18th birthday

Data Need. More data are needed about rape and sexual assault victims in Santa Clara County.

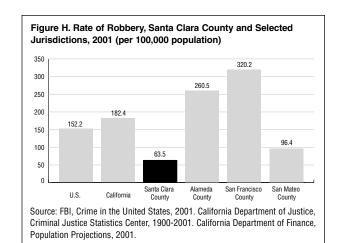
#### Robbery

**National.** In 2001, there was an increase in the number of robberies reported from the previous year. Firearms were the most common weapon used during the robberies. The largest percentage of robberies was of persons on the street or highway, followed by robberies of commercial establishments. Victims were most often reported as Blacks, those aged 16 to 19, and those with low income. Among juveniles, victims were most often reported as males and Whites. Offenders were most often reported as males, under age 25, and Blacks or Whites. Ten-year trends show a decline in robberies.

**Local.** Santa Clara County had the lowest rate of robbery in 2001 compared to other neighboring counties, the state and U.S. overall (see Figure H). The highest robbery rates in Santa Clara County in 2001 were in Gilroy and Milpitas. Offenders were most likely to be male, Hispanics, and those aged 15 to 17.

The number of robberies in Santa Clara County in 2001 were:

- 1,113 robberies reported
- 276 charges filed for robbery
- 198 bookings for robbery
- 147 robbery convictions

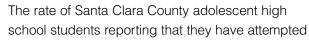


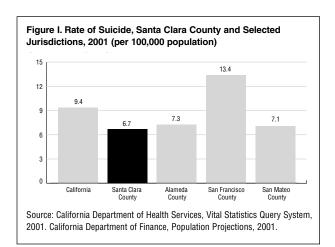
**Data Need.** More information is needed about local victims of robbery.

#### Suicide

**National.** In 2001, more people died from suicides than homicides. Males were more likely to die from suicide, but females were more likely to attempt suicide. Suicide was highest among White males and White females. Native American race-specific suicide rates were higher than overall national rates. Suicide rates increase with age. Suicide is the third-leading cause of death among 15 to 24-year-olds.

**Local.** Although the suicide rate for Santa Clara County (6.7 per 100,000 population) was lower than the state and nation's rate of suicide (9.4 and 10.7 per 100,000 population respectively) in 2001, the County has not achieved the Healthy People 2010 Objective (5.0). When compared to neighboring counties, the rate of suicide in Santa Clara County was among the lowest. Most notably, the Santa Clara County rate was half that of San Francisco County (see Figure I).





suicide in the past 12 months was much higher (8.6%) than the Healthy People 2010 Objective (1%). While California data was not available, youth in Santa Clara County responded almost the same as youth in the rest of the nation.

In 2001, Santa Clara County suicide rates declined slightly from 1999 and 2000. Suicide occurred most often among males, Whites, and those over age 55. The most common method was by firearm. Among 7th, 9th and 11th graders, thoughts of committing suicide were highest among 7th-graders, Hispanics, and females. More students in 9th grade reported suicide attempts than 11th-graders. Among 7th, 9th, and 11th-graders, suicide attempts were higher among girls.

Some data about suicides in Santa Clara County in 2001 follow:

- 117 suicides
- 21 percent of middle and high school students reported they have seriously thought of committing suicide
- 8 suicide deaths under age 25

Data Need. More local data are needed about the circumstances of suicide.

#### Crimes against Children: Maltreatment and Abduction

**National.** The 2000 child maltreatment victimization rate increased slightly from the previous year, but it was still at the second-lowest level in the past decade. Neglect was by far the most likely abuse, followed by physical abuse. Children under 3 suffered abuse most often. Deaths from abuse occurred most often in children under 6. The most often reported child abuse victims were Whites and African Americans. More than half of the abusers were female and the majority were under 30. A "Female Parent Acting Alone" was the most common pattern of maltreatment. Family members committed nearly half of all kidnappings, while "acquaintance kidnapping" accounted for nearly one-third. Kidnapping by a stranger occurred least frequently.

**Local.** The rate of child maltreatment in Santa Clara County is lower than national and state rates. Santa Clara County is among the 10 counties with the lowest child maltreatment rates in California. Emotional abuse, general neglect, and physical abuse were the most common types of abuse referred to the Social Services Agency in Santa Clara County in 2001. Emotional abuse, neglect and caretaker incapacity/ absence were the most common types of abuse substantiated by Social Services. For most types of abuse, referral rates were highest for African American children and lower for Hispanics, Asian/Pacific Islanders and Whites. Sexual abuse rates were highest for Hispanic children. The highest rates of referrals and substantiated cases were in Gilroy, San Martin and parts of Central San Jose. Offenders committing crimes against children, including abduction, were mostly male. However, nearly a third were women, which is a higher percentage of female offenders than for any other crime presented in this report. Offenders were also mostly Hispanics or Whites, and between ages 18 and 44.

The number of crimes against children in Santa Clara County in 2001 were:

- 17,077 allegations of child abuse reported to Social Services Agency
- 3,907 substantiated reports of child abuse
- 588 charges filed for crimes against children
- 434 convictions for crimes against children

**Data Need.** More local data are needed on child abuse incidents and kidnapping victims.

#### **Elder and Dependent Adult Abuse**

**National.** Elder abuse has increased significantly in the past decade. Most victims experienced maltreatment by others, but a large portion were due to self-neglect. Self-neglect victims usually exhibit signs of depression and confusion, or are extremely frail. Most perpetrators were family members, adult children or

spouses, and males. Forms of maltreatment include physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, or financial or material exploitation.

**Local.** In 2001, financial abuse was the most common type of elder abuse by others in Santa Clara County, followed by neglect and mental suffering. Females were victims more than twice as often as males. The highest rates of victim reports were in North Los Altos, Downtown and South Palo Alto, Los Gatos/Monte Sereno, Southeast Santa Clara, Downtown San Jose, and in the Burbank/unincorporated area of San Jose. There were almost as many cases of self-abuse as there were abuse by others. Most self-abuse was due to health-and-safety and physical neglect, and was experienced more than twice as often by females compared to males. Physical abuse was the most common type of dependent adult abuse and most victims were female. For both elder and dependent adult abuse, victimization was highest among Whites and lowest among Asian/Pacific Islanders. Risk of being abused increased with age and was highest among 90 to 99-year-olds. Offenders were most often reported as family members.

The number of abuses against elders and dependent adults in Santa Clara County in 2001 were:

- 1,348 allegations of elder abuse reported to Adult Protective Services
- 916 confirmed cases of elder abuse
- 477 allegations of dependent adult abuse reported to Adult Protective Services
- 279 confirmed cases of dependent adult abuse
- 145 reports of crimes committed against the elderly
- 45 bookings for elder abuse
- 31 convictions for elder abuse
- 5 reports of rapes against elders

**Data Need.** Elder abuse and dependent adult abuse data need to be recorded separately. More data are needed on dependent adult abuse as almost no national data are available. Criminal justice information is also needed on offenders.

#### Youth Violence: Violence on School Property

**National.** While the number of students who felt unsafe at school had been decreasing, between 1999 and 2001, there was no decline. The vast majority of school homicide and suicide victims were males. The majority of violent deaths were homicides and involved the use of firearms. Most events were preceded by a note, threat, or other indicative action. Homicide offenders were more likely than homicide victims to have engaged in some form of suicidal behavior before the event and to have been bullied by their peers. The number of students victimized at school has declined over the last few years.

**Local.** Santa Clara County met the Healthy People 2010 objective for reducing the number of physical fights on school property, but not the objective for carrying a weapon (other than a gun) on school property. The proportion of students carrying a gun on school property was highest among males and Native Americans. The proportion of students carrying any other weapon on school property was highest among males, Hispanics, and 11th-graders (compared to 7th and 9th-graders). The rate of students involved in a physical fight at school or of students who were pushed, slapped, kicked or hurt at school was highest

among males, Hispanics, and seventh-graders. Alum Rock Elementary, Morgan Hill Unified, and San Jose Unified school districts reported the highest rates of crimes against persons.

Some data about youth violence on school property in Santa Clara County in 2001 follow:

- 1,121 crimes against persons occurred in schools
- 1,018 property crimes occurred in schools
- 929 drug and alcohol offenses were reported in schools
- 257 youths reported possession of a weapon at school
- 32 percent of middle and high school students reported they had been pushed, slapped, kicked, or hurt at school
- 26 percent of high school students reported they had engaged in physical fighting in the past 12 months
- 15 percent of middle and high school students reported they had purposely damaged school property in the past 12 months
- 9 percent of middle and high school students reported they had ever belonged to a gang

Data Needs. More information is needed about school violence in children under 12 and in private settings.

#### Incarcerated Populations: Offender Statistics

**National.** In 2001, the vast majority of prison inmates were males. Most were minorities and under age 35. Nearly half were incarcerated for violent crimes. The majority released from prison were rearrested within three years. Nearly half of jailed women were victims of physical or sexual assault. About a quarter of violent jail inmates committed their crime against an intimate partner.

**Local.** In 2001, the average length of stay for those incarcerated in Santa Clara County jails was 97 days. The vast majority of the inmate population has a history of drug or alcohol-related problems. Offenders were mostly male, Hispanic, and between 18 and 44. A survey was conducted on individuals booked in Santa Clara County. A larger percentage of robbery offenders reported having no fixed residence than any other offender category. The vast majority of those arrested for a restraining order violation reported having some college education. More than half of those arrested reported binge drinking in the last 12 months, a majority of whom were robbery offenders.

Some data about the incarcerated population in Santa Clara County in 2001 follow:

- 5,091 local jail inmates transferred to state prison system
- 4,060 local jail inmates on average per month
- 56 percent of assault arrestees reported they drank 5 had or more alcoholic drinks at least one day in the past 12 months
- 8 percent of assault arrestees reported drug use in the past 12 months

Data Need. More data are needed on violence in jails.

#### Occupational Violence: Workplace Violent Deaths

**National.** Workplace homicide rates decreased significantly from 1994 to 1998. The vast majority of workplace violent deaths were a result of robberies. Most victim-perpetrators did not know each other. An overwhelming majority of workplace homicides were committed with a firearm. Occupations with the highest homicide rates include taxicab drivers and chauffeurs. Workplace homicide victimization was more common among males, minorities, and 22 to 55-year-olds.

**Local.** In 2001, there were 5 violent deaths in the workplace in Santa Clara County. All of the victims were males and 3 did not know their attacker. Three of the incidents involved a firearm.

The number of incidences of occupational violence in Santa Clara County in 2001 were:

- 4 homicide deaths occurred during work
- 1 suicide death occurred during work

**Data Needs.** More information is needed on workplace injuries due to violence. Also needed are more data on the circumstances that lead to workplace violence.

# Introduction

Violence, one of our most deadly public health problems, is as old as the human race. It is a complex issue because it arises in society not from a germ or a virus, but from the recesses of the human soul; from thoughts of hatred, malice, and fear.

Violence is also difficult to measure because it can creep upon us in degrees, from hostile remarks to mass murder. Violence often goes unreported because much of the time it occurs out of public view, in bedrooms and back lots. Where, then, do we start? There are a variety of surveys and databases that track violence in Santa Clara County. This report, the first of its kind in our County, draws from all of these sources in an attempt to begin to paint a comprehensive picture of violence in Santa Clara County.

This report is the culmination of an effort initiated as part of the Santa Clara County Violence Prevention Action Plan. This plan, approved by the Board of Supervisors in 1998, establishes a Violence Prevention Program and with it, a data-gathering effort called the Violence Prevention Information Library (VPIL). This is the Library's first major product.

As you look over the sections of the report that most interest you, think about what you can do. For every act of kindness, from a simple smile to a lifetime of service, becomes a part of a community that is healthy, strong, and safe.

#### **Violence Prevention Action Plan**



The Violence Prevention Action Plan (VPAP) adapted the

Centers for Disease Control and Prevention's (CDC) definition of **violence** as "the threatened or actual use of physical or psychological force or power against another person, against oneself, or against groups or community that either results in, or has the high likelihood of resulting in injury (physical or psychological), death or deprivation." 1

In 1997, the Santa Clara County Public Health Department undertook a violence prevention action planning process that culminated in the development and release of the Violence Prevention Action Plan (VPAP) of 1998 upon approval by the Santa Clara County Board of Supervisors (BOS). The general premise that guided the development of the VPAP is that violence is a complex yet preventable problem that impacts everyone: youth, adults and elders. Every individual, family, neighborhood, employer, government entity, and profession has the responsibility to help create safe homes, schools, neighborhoods, workplaces and communities.

The VPAP's three priority areas are promotion of violence-free relationships, reduction of alcohol-related violence, and reduction of firearmrelated violence. The reduction of youth violence was determined to be a priority as integrated in these priority areas. These priority areas

are intended to collectively recognize and address the complexity of the violence problem and the multilevel proactive and other activities that will be required to prevent violence.

The premise that guided VPAP development also shaped the mission of the Santa Clara County Violence Prevention Council (now called the Violence Prevention Task Group). This mission, as delineated in the VPAP, is to prevent violence and its related injury, psychological trauma, death, disability, crime, and economic costs through coordinated countywide action guided by a collaborative plan.

# The Public Health Approach to Violence Prevention and the Need for Data

To address the violence problem in Santa Clara County, the Violence Prevention Task Group adopted the public health approach to solving public health problems. This approach has four steps:

- 1. Identifying the problem.
- 2. Identifying risk and protective factors.
- 3. Developing and testing prevention strategies.
- 4. Assuring the widespread adoption of these prevention principles and strategies.

The focus of this report is on step 1, defining the problem both locally and nationally.

The VPAP planning process acknowledged that valid and reliable data defining the nature, scope, and magnitude of the problem is essential

to the development and implementation of effective violence prevention strategies. Therefore, in developing the VPAP, the Public Health Department made an effort to access violence-related data from various sectors, including the Mental Health Department, Vital Statistics/Public Health Department, Social Services Agency, Department of Alcohol and Drug Services, Santa Clara County Office of Education, school districts, Criminal Justice Statistics Center of the California State Department of Justice, Domestic Violence Unit of the Office of the District Attorney, law enforcement agencies, and the Gang Violence Suppression Unit of the Probation Department. However, the process of accessing data from these agencies was cumbersome and lengthy. The data obtained were inconsistent, and the recording and reporting standards were unclear. Additionally, the data were fragmented, and there were many data gaps and limitations.

As a result, the Violence Prevention Council (now called the Violence Prevention Task Group) requested endorsement by the BOS to explore the development of an information system on violence. On February 3, 1998, the BOS approved the concept of an integrated Violence Prevention Information Library (VPIL) being developed to facilitate the ongoing collection, sharing, and analysis of data related to violence assessment and to address the data gaps and fragmentation of the present individual data systems. This recommendation was included in the VPAP.

"Before we can tackle a [violence] problem, we need to know how big the problem is, where it is, and whom it affects. [We can] accomplish this by gathering and analyzing data — often called surveillance. This data can show us how a [violence] problem changes over time, alert us to troubling trends in a particular type of [violence], and let us know what impact prevention programs are having. The data are critical because it helps decision-makers allocate programs and resources where they are needed most."<sup>2</sup>

# **VPIL Planning Process**



#### The mission of the Violence Prevention Information Library

(VPIL) is to provide relevant, high quality violence-related data to agencies, departments, task groups, and programs operating in Santa Clara County, and to the public in order to promote and facilitate the development, adaptation, evaluation, and funding of violence prevention and intervention activities.<sup>3</sup>

To begin the VPIL project, Public Health Department staff pursued and obtained funding from the BOS and the David and Lucile Packard Foundation. This funding was used to support a project coordinator position, to retain an external consultant for technical assistance, and to aid with system development. These resources were supplemented by in-kind project support from the Public Health Department. VPIL staff's first step was to conduct interviews with several agencies that collected violence-related data on an ongoing basis to better understand their processes and needs with respect to data collection, storage, and use. Agency heads and data managers from these and other organizations were then invited to serve on an Interagency Policy Committee (IPC) and Data Workgroup (DW) respectively. In a series of working meetings, these two guiding bodies helped narrow down the violent incident types, data systems,

and data elements that the VPIL should focus on. Using this input, VPIL staff developed and released a Concept Paper in August 2002 that proposed to address these data-related needs with a VPIL data warehouse that included Geographic Information System (GIS) technology. The warehouse would make available unlinked data from multiple sources on the scope and magnitude of the violence problem in the County, and also facilitate the linking of data from those sources that were ready (from technical, legal, and fiscal perspectives) to engage in this violence prevention information development process.

However, through follow-up meetings to review and discuss the Concept Paper with the IPC, DW, and other stakeholders, it was decided that data warehouse technology would not be the most cost-effective way to capture the type of aggregate, community-level violence data that agencies both wanted and were willing to share. It was therefore agreed that participating agencies would provide violence-related data to the Public Health Department in the format of their choice (e.g., electronic dataset, hardcopy raw data, electronic or hardcopy report) for compilation into a yearly comprehensive Community Profile on Violence (CPOV) that includes (where appropriate) geographic information system (GIS) maps. A separate project, the Santa Clara County Violent Death Reporting System, which is modeled on Harvard's pilot National Violent Injury Statistics System (NVISS), would permit manual linking of data on violent deaths specifically.

In producing the CPOV, VPIL staff have faced many of the same challenges faced by the compilers of the VPAP. In particular, the data from diverse sources remains fragmented, and there are many data gaps and limitations. However, due to the increasingly widespread recognition among violence prevention partners of the importance of sharing data on the violence problem, the process of collecting and analyzing the data has been shortened considerably. In addition, more data sources are available than in the past, and VPIL staff have made the clear delineation of each data source's definitions and data limitations a priority in this report to facilitate correct and appropriate interpretation and use of the data.

<sup>&</sup>lt;sup>1</sup>Santa Clara County Violence Prevention Council. (1998). 1998 Violence Prevention Action Plan. San Jose, CA: Author.

<sup>&</sup>lt;sup>2</sup>National Center for Injury Prevention and Control. Injury Fact Book 2001–2002. Atlanta, GA: Centers for Disease Control and Prevention; 2001.

<sup>3</sup>Santa Clara County Public Health Department. (2002). Violence Prevention Information Library (VPIL) Concept Paper 2002. San Jose, CA: Author.

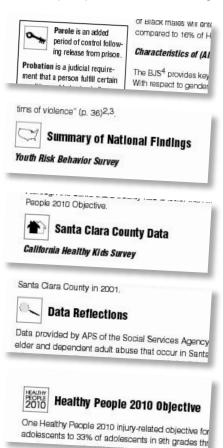
# **How to Use This Report**

As described in Chapter 2: Introduction, the purpose of this report is to define the problem of violence as a whole and within the context of Santa Clara County. (General demographics for the County are presented in Appendix E). The report provides readers with an overview of the scope and magnitude of violence as captured through specific crime and incident types. They are:

- Physical Assault
- Hate Incidents/Crime
- Homicide
- Intimate Partner Violence
- Rape and Sexual Assault
- Robbery
- Suicide

- Crimes Against Children: Maltreatment and Abduction
- Elder/Dependent Adult Abuse
- Youth Violence: Violence on School Property
- Incarcerated Populations: Offender Statistics
- Occupational Violence: Workplace Violent Deaths

Each chapter presents the following items:



Definitions of each incident or crime type and other uncommon terminology.

A summary of the national findings relevant to that particular crime/incident.

A presentation of available local data.

A brief reflection on the strengths and weaknesses of the data that was available for this report to help promote and guide future data collection expansion and improvement efforts.

Where appropriate, Healthy People 2010 Objectives are provided in certain chapters — including relevant and available local, state, and national data — to show how Santa Clara County measures up.



**Healthy People 2010** are national health objectives that have the overarching purpose of promoting health and preventing illness, disability, and premature deaths. "There are 467 objectives in 28 focus areas [one of which is Injury and Violence], making Healthy People 2010 an encyclopedic compilation of health improvement opportunities for the next decade."

— David Satcher, MD, PhD, Assistant Secretary for Health and Surgeon General 9

Two additional unique features included in this report are the use of special symbols to denote data that address a Violence Prevention Action Plan (VPAP) priority area and the use of geographic information system (GIS) mapping.

While reading the report, pay attention to these symbols for local or national information related to VPAP priority areas:

Relationship Violence

Firearm Violence

Alcohol Violence

Youth Violence

GIS mapping is included for these selected crimes and geographic indicators:

- Aggravated assault by city
- Robbery by city
- Domestic violence-related calls for service by city
- Child abuse by zip code
- Elder/dependent adult abuse by zip code
- Youth violence by school district

Due to space limitations, highways are the only geographic indicators denoted on GIS maps within the body of this report. Geographic boundaries and labels for cities, zip codes, and school districts are shown in greater detail in Appendix B.

For maps using city boundaries, it should be noted that the unincorporated areas of Santa Clara County include outlying and rural areas as well as heavily populated areas like unincorporated San Jose or unincorporated San Martin. These unincorporated areas were collapsed and considered one jurisdiction for the purposes of mapping.

# **Methodology**

#### **Data Sources**

Violence Prevention Information Library (VPIL) staff collected data from a variety of different national and local sources that routinely capture information about violent incidents, offenders and victims of violence to assemble this Community Profile on Violence (CPOV) Report. An introduction to each of these data sources, including an overview of relevant data collection and analysis practices, follows.

#### National Crime Victimization Survey, Department of Justice

The National Crime Victimization Survey (NCVS) surveys 42,000 households each year comprising nearly 76,000 persons to make up the largest national forum for victims to describe the impact of crime and characteristics of violent offenders. Survey data includes crime type; time and location; relationship between victim and offender; characteristics of offender; consequences of victimization; whether the crime was reported to the police and reasons for reporting or not reporting; and offender use of weapons, drugs, or alcohol. Basic demographic information is also available. NCVS data from 2001 is cited throughout the CPOV, as appropriate, to provide national statistics on violent crimes of interest.

#### National Uniform Crime Reporting Program, Federal Bureau of Investigation

The Uniform Crime Reporting (UCR) Program is a national, cooperative statistical effort of nearly 17,000 city, county, and state law enforcement agencies that voluntarily report data on eight specific crimes (criminal homicide, forcible rape, robbery, assault, burglary, larceny-theft, and motor vehicle theft) known as Part 1 reportable crimes. During 2001, data that was reported from law enforcement agencies active in the UCR Program represented 92% of the total population nationally.

It should be noted that UCR data has key limitations. In particular, it must be interpreted in light of the Hierarchy Rule, which governs its collection. In a multiple-offense situation wherein more than one offense is committed at the same time and place, the law enforcement agency scores only the highest-ranking offense and ignores all others, regardless of the number of offenders and victims. This method of reporting provides a limited picture of actual crimes committed. (There are a few exceptions to the Hierarchy Rule. For more information about it and other UCR limitations, consult the *UCR Handbook*. To request a UCR Handbook or for more information on the FBI's UCR Program, please call 888.827.6427.)

National and local UCR Program data are presented throughout this report. See the Criminal Justice Statistics Center, California Department of Justice, data source below for more information on local data.

#### National Incident-Based Reporting System, Federal Bureau of Investigation

While the UCR Program collects offense data, it provides limited information about offenses, victims and offenders. After an extensive UCR redesign effort to provide more comprehensive and detailed crime statistics, the National Incident-Based Reporting System (NIBRS) was born in 1985. The intention of the Federal

Bureau of Investigation (FBI) is that the NIBRS will eventually supplant the traditional UCR system. Under the NIBRS, law enforcement authorities provide information to the FBI on each criminal incident involving 46 specific offenses, including the eight Part 1 reportable crimes, that occur in their jurisdictions. Details about each incident include information about multiple victims and offenders. Arrest information on the 46 offenses plus 11 lesser offenses is also provided in NIBRS<sup>2</sup>. As of 2000 (the latest year available), the number of certified state programs participating in NIBRS was 18, and the U.S. population coverage was 11%.

California has placed a hold on its efforts to develop an incident-based reporting system due to its fiscal condition<sup>3</sup>. NIBRS data from 2000 are cited throughout the CPOV, as appropriate, to provide national statistics on violent crimes of interest.

#### Arrestee Drug Abuse Monitoring Program, Public Research Institute, San Francisco State University

#### Incarcerated Survey Data

The Arrestee Drug Abuse Monitoring (ADAM) Program is a National Institute of Justice-funded program that tracks trends in the prevalence and types of drug use among booked arrestees in urban areas. The data paints a national picture of drug abuse in the arrestee population and has been a central component in studying the links between drug use and crime. The Public Research Institute, San Francisco State University, administers the ADAM Program in Santa Clara County as one of 35 ADAM Program sites throughout the nation. Surveys are administered to a probability-based sample of people who have been arrested and booked. While participation in this program is voluntary, average response rates are quite high at 80%. Interviewers collect demographic information and measures of alcohol and drug use. It is important to note some limitations exist that make it difficult to draw general conclusions about the entire offender population, including the small sample size; the data are self-reported; and drug test results are based on urinalyses, which do not detect all drugs. For complete methodology, see the *Methodology Guide for ADAM*<sup>4</sup>.

VPIL staff submitted a data request to ADAM Program staff to obtain arrestee information specific to homicide, kidnapping, robbery, assault, rape, child abuse, restraining order violations, and elder abuse in Santa Clara County. Cross tabulations were performed for selected crime types by demographic factors, including race/ethnicity and age, as well as other factors such as alcohol and drug use, education, place of residence status, and employment status. The results are presented in Chapter 15: Incarcerated Populations: Offender Statistics.



the average number of inmates housed in a local facility per day. The values reported are based on each facility's "early morning" count.

#### Santa Clara County Department of Correction

#### Incarcerated Statistics

The Santa Clara County Department of Correction (DOC) is the sixth largest jail system in California and books approximately 60,000 arrestees annually. The DOC collects average daily population (ADP) data by gender, race/ethnicity, and age group.

VPIL staff submitted a data request to DOC staff to obtain ADP monthly data for each jail facility within the County of Santa Clara in 2001. This data includes all facilities in Santa Clara County (excluding juvenile facilities but not juveniles who are in the adult system for severe crimes). Data are presented in Chapter 15: Incarcerated Populations: Offender Statistics.

#### Criminal Justice Statistics Center, California Department of Justice

#### Uniform Crime Reports

The Crimes and Clearances database of the Criminal Justice Statistics Center (CJSC), California Department of Justice, keeps the statistical data in California for offenses reported to the national UCR Program. The data includes the number of actual offenses and the number of clearances.

Supplemental data are also collected on the nature of crime and the value of property stolen and recovered. The data are forwarded to the FBI's UCR Program for publication in the annual *Crime in the United States*. Data are also published in the *Crime and Delinquency in California* publication and the *Criminal Justice Profile* series. For more information on all CJSC publications and data, see http://caag.state.ca.us/cjsc.

VPIL staff submitted a data request to the CJSC to obtain UCR Part 1 crime data specific to the violent crimes of homicide, assault, forcible rape, and robbery for each jurisdiction within the County of Santa Clara in 2001. Data are presented as frequencies and rates per



A **clearance** is when an offense is "cleared by arrest" or solved

for crime reporting purposes, meaning at least one person has been arrested, charged with the commission of the offense, and turned over to the court for prosecution. An offense can also be "cleared exceptionally" when an investigation has definitely established the identity and exact location of a suspect, and there is enough information to support an arrest, but for some reason law enforcement cannot take the suspect into custody.

100,000 population by jurisdiction in the respective chapters of this report. In some chapters, UCR data was also presented for neighboring counties. It should be noted that although the requirements for UCR reporting are clear, some jurisdictions may have non-standard reporting practices.

#### Supplemental Homicide Reports

The CJSC's Homicide database contains data on criminal homicides known to police agencies in California. The database includes victim/offender relationship, day and month of the homicide, location, type of weapon used, and precipitating event. Homicide data are published in *Homicide in California*, *Crime and Delinquency in California*, and the *Criminal Justice Profile* series. Data are also reported to the FBI for publication in *Crime in the United States*.

VPIL staff submitted a data request to the CJSC to obtain Supplemental Homicide Reports (SHRs) from each jurisdiction within the County of Santa Clara in 2001. For the CPOV, mortality records were used to identify victims of occupational-related homicides. Next, SHRs were linked with death record data to extract further information on circumstances surrounding the death. The results are presented in narrative form in Chapter 16: Occupational Violence: Workplace Violent Deaths. Further linking and analysis

on SHRs will be done for the *Santa Clara County Violent Death Reporting System Report*, scheduled for release in winter 2003/2004.

#### Hate Crime

The CJSC's Hate Crime database contains information on the number of hate crime events reported to California law enforcement agencies. Data elements include type of location, type of bias motivation, victim type (individual/property), number of suspects, and suspect's race. Hate crime data are provided to the FBI for publication in *Crime in the United States* and published in *Hate Crime in California*, an annual report to the California Legislature that includes results from CJSC's annual survey of California district attorneys regarding prosecutorial responses to hate crime cases.

VPIL staff submitted a data request to the CJSC to obtain Hate Crime data for each jurisdiction within the County of Santa Clara in 2001. Data were then aggregated and presented as a rate per 100,000 population in Chapter 6: Hate Incidents/Crime.

#### Elder Abuse

The CJSC's Violent Crimes Committed Against Senior Citizens (VCASC) database provides monthly summary information from law enforcement agencies on the total number of persons 60 and older who were victims of homicide, forcible rape, robbery, and aggravated assault.

VPIL staff submitted a data request to the CJSC to obtain Elder Abuse data for each jurisdiction within the County of Santa Clara in 2001. Data was then aggregated and presented as a rate per 100,000 population in Chapter 13: Elder/Dependent Adult Abuse.

#### Domestic Violence-Related Calls for Assistance

The CJSC's Domestic Violence-Related Calls for Assistance (DV) database provides monthly summary statistical data on the total number of domestic violence-related calls received by law enforcement, number of such cases involving weapons, and the type of weapon used during the incident. DV data are published in *Crime and Delinquency in California* and the *Criminal Justice Profile* series.

VPIL staff submitted a data request to the CJSC to obtain DV-related call data for each jurisdiction within the County of Santa Clara in 2001 and for neighboring counties. This data was then compiled with data obtained from previous years for purposes of presenting trends over time.

# **Domestic Violence Council Sources, Santa Clara County**

#### Domestic Violence Data

The Santa Clara County Domestic Violence Council, Executive Committee, and its representatives and subcommittees provide data from a number of different sources to the Public Health Department on a yearly basis. The *Death Review Committee* reviews all DV-related deaths in the County of Santa Clara and

provides data by race/ethnicity and relationship between victim and aggressor. The Police-Victim Relations Committee provides data on emergency protective restraining orders (EPROs) issued and whether or not children were present during the incident that led to the EPRO. The District Attorney's Office provides domestic violence prosecution data. In addition, four local domestic violence housing and shelter service providers supply client, counseling, and shelter information. For many of the sources, 2001 data was compiled with data obtained from previous years for purposes of presenting trends over time.

#### Santa Clara County Office of Education

#### Safe Schools Assessment

California Penal Code (Section 628 et seq.) directs the California Department of Education to collect and report incidents of school crime that occur on public school campuses. The California Safe Schools Assessment (CSSA) is the reporting system implemented by the department to meet this requirement. The Department of Education must prepare a summary report of the CSSA data for the previous school year and submit it to the California State Legislature by March 1 of each year. This data permits local and state school officials to assess the safety of California's public schools.

The report on the 2000-2001 school year is the sixth annual report to the Legislature. It contains school crime data collected for all public school districts and county offices of education serving kindergarten through grade 12<sup>5</sup>. The data are presented as the total number of incidents in each crime category and as crime rates (i.e., the number of incidents per 1,000 students enrolled). Only the most serious incidents that occur at school or during school-sponsored activities are reported to CSSA. The crimes are grouped in four crime categories. Crimes Against Persons includes assault with a deadly weapon, battery, homicide, robbery/extortion, and sex offenses. The use, possession, sale and/or furnishing or possession for sale of alcohol and drugs is reported in the Drug and Alcohol Offenses category. The Property Crimes category includes arson, burglary, graffiti, theft, and vandalism. The Other Crimes category includes bomb threats, destructive/explosive devices, loitering/trespassing, and possession of a weapon(s). Selected data are presented in Chapter 14: Youth Violence: Violence on School Property.

#### Santa Clara County Office of Human Relations

#### Hate Incident/Crime Data

The Network for a Hate-Free Community within the Santa Clara County Office of Human Relations captures hate incident and hate crime data by telephone through the Hate Crime/Incident Report Form, and from local law enforcement jurisdictions. The data collection form includes the name (which remains confidential) and age range of the victim; general region (city and zip code) in the county that the incident took place; type of incident/crime; target of incident; perception of cause based on protected class status; characteristics of offenders and victims; statement of victim describing the incident; first response; and follow-up.

Victims and witnesses of hate incidents/crime contact the program coordinator directly or call a dedicated 24-hour hotline. Reports are also made through the completion of the Hate Crime/Incident Report Form (available at http://www.sccgov.com/scc/assets/docs/31001Hate%20Crime\_ComplaintForm2.pdf or from

various local community-based organizations). Completed forms are forwarded via mail or fax to the program coordinator.

VPIL staff submitted a data request to the Network for a Hate-Free Community to obtain hate incident and hate crime data for each jurisdiction that reported it within the County of Santa Clara in 2000 and 2001. Data are presented for both years in Chapter 6: Hate Incidents/Crime.

#### Santa Clara County Information Services Department

Criminal Justice Information Control



**Booked** usually refers to the arrest of a crime suspect.

The Criminal Justice Information Control (CJIC) database is a shared criminal history and case tracking system that provides key information about every individual who is booked locally to all authorized users. The CJIC database includes complaint information, court cal-

endars, prisoner movement lists, custody status, and case disposition. It is the backbone of the criminal justice data system in Santa Clara County and is used by 40 county, state and city criminal justice agencies in California.



A **charge** is a formal allegation filed by the District Attorney that a

specific person has committed a specific offense.



**Convicted** is a judgement, based either on the verdict of a jury or

a judicial officer or on the guilty plea of the defendant, that the defendant is guilty. VPIL staff selected penal codes for specific crime categories, including elder/dependent adult abuse, restraining order violations specific to domestic violence, abandonment and neglect of children, rape, domestic violence-related rape, robbery, assault and battery, domestic violence-related assault and battery, homicide, child abduction, and child abuse (see Appendix A). VPIL staff then submitted a data request to CJIC staff to obtain counts of all persons who were booked by crime categories, had charges filed by crime categories, were convicted by crime categories, and were on probation by crime categories in the calendar year 2001. Data was provided by gender, race/ethnicity, and age. For each crime category, age data was based on the age at booking, violation, or probation grant date. Certain crime categories were collapsed. Data are presented by demographic variables and rates per

100,000 population where approprier of persons charged in a single

ate. The data represents the number of persons charged in a single incident in a single year. Multiple charges, convictions or probation grants by the same individual within a crime category are counted only once. Data was based on specified penal code groupings for each crime type as listed in Appendix A.

It is important to note that the CJIC database contains 2001 data only on adults and juveniles who are treated as adults in the criminal justice system. Other data on juveniles is available through the Santa Clara County Probation Department.



**Probation** is a judicial requirement that a person fulfill certain condi-

tions of behavior in lieu of or after a sentence of confinement. Probation data in this report also includes "straight probation," meaning probation granted without stipulation that the defendant serve time in jail.

#### Santa Clara County Probation Department

#### Juvenile Probation Data

The Criminal Justice Information Control database captures Adult Probation data within Santa Clara County. Juvenile probation data are captured in the Probation Data Mart, the Juvenile Records System (JRS), and the JAS II case management system. The reason for this separation is primarily due to confidentiality issues that restrict the access and availability of information regarding juvenile probation clients. The Probation Department provided VPIL staff with demographic variables of active juvenile clients (i.e., wards of the court) by specific crime groups including assault, homicide, sexual offenses, robbery, and domestic violence charges. Data are presented in the respective sections of this report.

It is worth noting that the juvenile data systems may contain data regarding clients who are 18 and older. Client records are maintained in the juvenile system as long as the client is under the jurisdiction of the Juvenile Court.

#### Santa Clara County Public Health Department

#### Trauma Registry

The Emergency Medical Services Division within the Public Health Department captures data from Santa Clara County's three designated trauma centers (Valley Medical Center, San Jose Medical Center, and Stanford University Medical Center) through its Trauma Registry database. The database captures those patients who meet the County's criteria for "trauma victim."

VPIL staff submitted a data request to Emergency Medical Services to obtain violent injury trauma data within Santa Clara County in 2001 as identified by specific ICD-10 codes (International Classification of Diseases) for self-inflicted and intentional injuries (E950-E959 and E960-E969 respectively). The data are aggregated and presented as rates per 100,000 population for age groups where appropriate.

#### Death Records

The Vital Records and Registration (VRR) Unit within the Public Health Department collects death certificate information for the Santa Clara County population. Death records contain demographic information, causes of death, and underlying causes of death for each decedent.

VPIL staff have access to the Death database and performed a query for homicide (ICD-10 codes X85-Y09, Y87.1) and suicide (ICD codes X60-X84, Y87.0) within the County of Santa Clara in 2001.



# The International Classification of Diseases (ICD) is a

system developed jointly between the World Health Organization (WHO) and 10 international centers so that medical terms reported by physicians, medical examiners, and coroners on death certificates can be classified together for statistical purposes. The aim is to promote international comparability of mortality statistics. Periodic revisions are implemented to reflect advances in medical science. Since 1900, the ICD has been modified about once every 10 years. Effective with deaths occurring in 1999, the United States replaced the use of ICD-9 with ICD-10.

#### California Healthy Kids Survey and Youth Risk Behavior Survey

The California Healthy Kids Survey (CHKS) is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality and social problems among youth and young adults in the United States.

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department administered the CHKS to middle and high school students in public schools throughout County school districts. The final sample included 15,984 7th, 9th and 11th grade students. Of those, 47.9% were male and 52.1% were female. The percentage of students in 7th, 9th and 11th grades were 42.8%, 29.9%, and 27.3% respectively. The student sample included 29.6% White, 26.4% Hispanic, 3.2% African American, 31.2% Asian or Pacific Islander, 0.9% Native American or Alaskan Native, and 8.2% unknown.

Because the demographics of the student population in the CHKS differed from the demographics of the total student population of Santa Clara County, weights were created to make the student population in the final analysis more representative of the Santa Clara County student population. Weights were adjusted so as not to inflate the sample size artificially. For more details on the methodology, see *Santa Clara County's Children and Youth Key Indicators of Well-Being, 2003*<sup>6</sup>.

Violence-related data in the CHKS includes responses about intimate partner violence, sexual assault, and carrying weapons on school property. CHKS data can be analyzed by age, race/ethnicity, and education. Data from the national administration of the YRBS and from the local administration of the CHKS are included in Chapter 14: Youth Violence: Violence on School Property.

#### Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a national cross-sectional telephone survey designed to monitor risk behaviors among Americans 18 and older living in households. It consists of standard questions developed by the Centers for Disease Control and Prevention to facilitate comparisons between counties and states that administer it. Violence-related data in the BRFS include responses about intimate partner violence and sexual assault. BRFS data can be analyzed by age, race/ethnicity, education, and more. The survey of more than 2,500 residents was conducted in Santa Clara County by the Public Health Department in 2000. For full methodology and limitations, see *Santa Clara County's Behavioral Risk Factor Survey Report 2000*<sup>7</sup>. Local BRFS data are included in multiple sections of this report.

#### Santa Clara County Social Services Agency

#### Child Abuse Data

The Department of Family and Children's Services within the Santa Clara County Social Services Agency collects child abuse data for children ages 0 to 17. In 2001, there were a total of 17,077 allegations of child abuse referred to the Santa Clara County Social Services Agency. Child abuse referrals (allegations) are investigated by emergency response workers, social workers, and/or dependency investigating social

workers. Using a screening tree, the investigator determines whether the disposition of the referral is substantiated, unfounded, or inconclusive. Data provided to VPIL staff is presented by age, race/ethnicity, and gender for each type of allegation (i.e., neglect, sexual abuse, emotional abuse, or physical abuse) in Chapter 12: Crimes Against Children: Maltreatment and Abduction.

#### Elder and Dependent Adult Abuse Data

The Adult Protective Services Program of the Department of Aging and Adult Services within the Santa Clara County Social Services Agency receives allegations of elder or dependent adult abuse by mandated and non-mandated reporters. Reports that are screened in are assigned to a social worker who must then investigate the reported allegation(s). After concluding the investigation of the report, the social worker must make a determination as to whether the abuse was confirmed, unfounded, or inconclusive.

VPIL staff submitted a data request to obtain elder and dependent adult abuse data occurring within the County of Santa Clara in 2001. Data are presented by age group, race/ethnicity, gender, abuser relationship, and type of abuse in Chapter 13: Elder/Dependent Adult Abuse.

# **Statistical Analysis Guidelines**

In preparing the CPOV, staff followed general guidelines for statistical analysis and reporting. In particular, rates were calculated when there were at least 20 occurrences of a certain outcome for a given population. Counts of less than five are not included in this report unless they were made previously available to the public by the respective agency providing the data or unless the data provider gave express permission<sup>8</sup>. Rates were calculated using Department of Finance population estimates for Santa Clara County in 2001. (See Appendix E for a demographic profile).



Rate: the basic measure of disease or event occurrence that most

clearly expresses the probability of risk in a defined population over a specified period of time. A rate is defined as a number of events divided by the population at risk.

# **Interpreting the Data: Data Limitations**

The data in this report can assist violence prevention practitioners, researchers, and policymakers to evaluate, plan, advocate and fund raise. But the data must be interpreted appropriately in order to be useful, which requires data limitations to be taken into consideration in the interpretation process. Below is a summary of the key limitations that crosscut the data sources included in this report. Additional information is available from the sources themselves (see above) and from the Epidemiology and Data Management Unit of the Santa Clara County Public Health Department. For more information, call 408.423.0736 or send an e-mail to statistics@hhs.co.scl.ca.us.

#### Data element definitions

Each data source cited in this report was collected and analyzed according to different (although often overlapping) definitions. In particular, sources may differ with respect to how they define:

 Case, incident, offender, and victim. For example, in the Social Services Agency data, it is crucial to distinguish reports (allegations) of child, elder, or dependent adult abuse from incidents (confirmed cases) of child, elder, or dependent adult abuse.

- Particular crimes and incidents. For example, the FBI's UCR Program defines rape as involving a
  female victim (only), while the California penal code does not specify victim gender in its definition
  of rape. In the California penal code, victims of elder abuse are by definition 60 or older. However,
  elder abuse victims are by definition 65 or older according to the Santa Clara County Social Services
  Agency Adult Protective Services.
- Demographic variables, such as race and ethnicity. For example, sources may use different methods for classifying "mixed race" individuals or others who do not consider themselves White, Hispanic, African American, Native American, or Asian/Pacific Islander. It should also be noted that race/ethnicity labels were maintained from the original data source. For example, Black is used in most datasets, while African American is used in others (also seen throughout with Hispanic and Latino labels).

#### Representativeness and generalizability

Violent crimes and incidents differ with respect to how often they are reported, under what circumstances, and to whom. For example:

- Hate crimes and incidents, intimate partner violence, and rape and sexual assault are chronically
  underreported. However, they are more likely to be reported to some sources (e.g., surveys such
  as the National Crime Victimization Survey or California Healthy Kids Survey) than others (e.g., law
  enforcement) for reasons such as shame or fear of reprisal from the perpetrator.
- Suicides may be more likely to be coded erroneously as accidental deaths among some ethnic, religious or age groups than among others due to cultural norms (e.g., that may encourage family members to promote an accidental death diagnosis over suicide) or to medical difficulty in identifying the causes of death among particular populations (e.g., very young children, the elderly)<sup>10</sup>.
- In the case of the ADAM Program data, only a sample of arrestees is selected to be surveyed. Although the response rate for those surveyed averages 80%, the results on drug and alcohol abuse cannot be generalized to the entire incarcerated population in Santa Clara County, much less to the entire offender population.

In addition to the psychological and cultural factors that affect individuals' likelihood of reporting to agencies, mandates and customs affect agencies' likelihood of collecting and reporting data that are complete, representative, and generalizable. As described earlier, UCR Program data are constrained by the Hierarchy Rule, which prescribes that (with a few exceptions) only the most serious crime in a multiple-offense situation is coded, regardless of the number of offenders and victims. This means that UCR data underreport the total number of offenses reported to local law enforcement agencies for crimes such as aggravated assault, hate crimes, rape, and robbery. In short, it is necessary that the completeness, representativeness, and generalizability of the data are assessed separately for each data set (based on crime or incident type and data source) in light of factors that affect individual- and agency-level reporting.

#### Data quality assurance practices

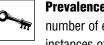
On a related note, each data source cited in this report employs different practices for assuring data quality in the data collection, entry and cleaning processes. Examples of such practices include requiring con-

firmation of birthdays from official documents or records instead of self-reported information supplied by a victim, offender or client; built-in software checks that prevent the entering of data codes that are outside a pre-determined range; and review of completed data collection forms and/or data files by supervisors. Interpretation of the data are improved through a thorough understanding of the reliability and validity issues for each data element and source.

#### Longitudinal picture of criminal justice system events

The data in this report include numbers of bookings, charges filed, convictions, and probation of offenders in Santa Clara County in 2001 for selected crimes. However, it is important to note that this data should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes

more than one calendar year for an incident to be investigated and for an offender to be arrested, booked, charged, tried, convicted, and punished. In addition, charges may be pled down between filing and conviction. Thus, the "snapshot" or prevalence data in this report cannot be used to follow particular incidents or offenders through the criminal justice system, and cannot be used to determine arrest or conviction rates.



Prevalence: The number of events or instances of a given dis-

ease or other condition in a given population at a designated time.

#### Data linking

Similarly, although this report provides multiple sources of local data for each violent crime or incident type, each source presents a different perspective (e.g., victim, incident, and offender) on the problem, and these perspectives cannot be linked for any given violent incident. For example, we do not know the extent to which criminal justice data on elder abuse offenders and social service data on elder abuse incidents and victims pertain to the same or different events. This admittedly leaves us with a fragmented picture of each violent crime or incident type. However, the Santa Clara County Public Health Department is currently developing the Violent Death Reporting System, which will permit the linking of data on violent death victims, incidents and offenders from multiple sources. The first report will provide a more complete and detailed view of homicide, suicide, and accidental firearm deaths in Santa Clara County.

#### Data Trends

This report includes some discussion of national trend data and very limited presentation of local trend data (i.e., comparison of 2001 data to previous years' data). It is intended that future CPOV reports will include comparisons of multiple years' data. However, as mandated reporting requirements, available funding and staffing, and agency cultures change over time, data definitions and standards also change, posing challenges in interpreting trend data. For example, when the United States adopts new ICD reporting on death certificates, the mortality data coded under the previous ICD may differ substantially because of changes in coding rules, category names, and numbering. This could potentially affect the way homicide and suicide are classified and reported.

Increased reporting of a crime or incident does not necessarily mean that there has been an increased frequency of the crime or incident. As indicated previously, certain crimes and incidents (such as hate crimes and incidents, rape and sexual assault, and intimate partner violence) are chronically underreported. Successful efforts to increase reporting of these events can be difficult to distinguish from an increase in event occurrence.

#### **Timeliness**

Most of the local data presented in this report are from 2001, and some of the national data are even older. Despite being at least two years old, the data presented here are the most recent data collectively available from all of the participating data providers due to the time it takes to compile, verify and prepare the data. While this process may result in considerable lag time between data collection and data release, it is necessary to ensure that the data provided are of the highest possible quality. Looking to the future, as technological advances permit the ongoing automation of data collection and reporting processes and as the importance of timely high-quality data is increasingly recognized, data turnaround time should decrease.

## Data Gaps

Finally, it must be acknowledged that there are still many gaps in the profile of violence that emerges from available data. Topical areas covered in this report for which the data are particularly limited include child abduction (Chapter 12); violence among incarcerated persons (Chapter 15); violence experienced by youth outside of school, in private school, or who are not in school (Chapter 14); and occupational violence (Chapter 16). Information on victims of violent acts is also quite limited, and is generally restricted to data on age, race/ethnicity, and gender. Data on transgender persons (as a separate category from 'male' and 'female') and data on the disability status and sexual orientation of victims is seldom available. Information on the circumstances that lead up to violent acts, such as the use of alcohol or other drugs, legal or illegal acquisition of firearms, and ongoing abuse among intimate partners, has also been largely unavailable. In some cases, the data are not available because it is not collected; in other cases, it is collected but not shared beyond the collecting agency, due to legal, fiscal, political, or other factors.

It is hoped that the public and private agencies that collect primary violence-related data from their clients will begin to fill in other identified data gaps, by collecting and sharing additional key information with the larger community working to prevent violence.

- 1 Bureau of Justice Statistics, Department of Justice (2003). National Crime Victimization Survey (NCVS). Retrieved June 9, 2003 from http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs.
- <sup>2</sup> Bureau of Justice Statistics, Department of Justice (2002). National Incident-Based Reporting System (NIBRS) Implementation Program. Retrieved June 9, 2003 from http://www.ojp.usdoj.gov/bjs/nibrs.htm.
- 3 Lockyer, Bill (2003). Information Bulletin 03-01-BCIA California Crime Statistics Reporting. Retrieved June 9, 2003 from http://caag.state.ca.us/cjsc/ibr/0301BCIA.pdf.
- <sup>4</sup> Hunt, D. & Rhodes, W. (2001). *Methodology Guide for ADAM*. Retrieved June 9, 2003 from http://www.adam-nij.net/files/Admguid.pdf.
- 5 California Department of Education (2002). California Safe Schools Assessment 2000-2001 Results: Promoting Safe Schools. Retrieved June 9, 2003 from http://www.cde.ca.gov/spbranch/safety/cssa/00-01results.pdf.
- <sup>6</sup> Santa Clara County (CA, US), Santa Clara County's Children & Youth, Key Indicators of Well-Being, 2003. San Jose, CA: Santa Clara County Public Health Department and Cross Systems Evaluation; 2003 June. Available online at http://www.sccphd.org/statistics2/
- 7 Santa Clara County's Behavioral Risk Factor Survey Report 2000; Public Health Department; Santa Clara Valley Health & Hospital System. Retrieved June 9, 2003 from http://www.sccphd.org/scc/assets/docs/133913BehavioralRiskFactorSurvey2000.pdf.
- <sup>8</sup> Family Health Outcomes Project's Advisory Group (1998). *Guidelines for the statistical analysis of public health indicators in small geographic areas or where there are few events*. Sacramento, CA: Author.
- 9 U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.
- 10Phillips, D. & Ruth, T. (1993). Adequacy of official suicide statistics for scientific research and public policy. Retrieved October 8, 2003 from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\_uids=8310465&dopt=Abstract.

# **Physical Assault**

As the CPOV focuses on the most serious violent crimes, this chapter provides information on the most serious type of assault, which is aggravated assault. However, local data on the broader category of assault and battery are also included to better understand the incidents, victims and offenders of this very common crime and to give a more complete picture of crime in our community.



# **Summary of National Findings**

Aggravated assault accounted for 63.1% of all violent crime reported in the U.S. in 2001, according to the FBI's Uniform Crime Reporting (UCR) Program. A total of 901,219 offenses were reported nationally, a 0.5% decrease from the previous year and a 27.9% drop from 1992<sup>1</sup>.



# **Aggravated assault** is defined by the FBI's Uniform Crime

Reporting (UCR) Program as "an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. Aggravated assault is usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm<sup>1</sup>."

The National Crime Victimization Survey (NCVS) determined that an estimated 1,293,000 aggravated assaults were committed in 2000, which translates to 5.7 such assaults per 1,000 persons 12 or older<sup>2</sup>. The FBI's National Incident-Based Reporting System (NIBRS) data indicate that close to 20% of all aggravated assaults that year were perpetrated against victims under 18 and aggravated assaults comprised about 11% of all crimes against juveniles that were reported to NIBRS<sup>3</sup>.

# Weapons

According to FBI UCR data, in 2001<sup>1</sup> 27.9% of aggravated assaults involved the use of personal weapons (e.g., hands, feet, or fists), 18.3% involved firearms, 17.8% involved knives or other cutting devices, and 36.0% involved blunt objects or other dangerous weapons. Three of the weapons categories showed an increase in usage from 2000 to 2001. Only the personal weapons category showed a decrease, by 2.3%.

## Victims and Victim-Perpetrator Relationships

According to the latest National Crime Victimization Survey (NCVS), in 2002 youth ages 16 to 19 were more likely to be victims of aggravated assault than any other age group (14.3 victimizations per 1,000 persons 12 or older). Blacks were more likely to be victims of aggravated assault (7.7 victimizations per 1,000 persons 12 or older) than Whites (5.4) or persons of other races (5.2). Those with a household income of less than \$7,500 were more likely to be victims of aggravated assault (14.7 victimizations per 1,000 persons 12 or older) than persons of any other income level. Males were victims of aggravated assault far more frequently than females (8.3 victimizations per 1,000 persons 12 or older vs. 3.2 victimizations per 1,000 persons 12 or older). The majority of aggravated assaults in 2000 were committed by a stranger (56%). However, for female victims, 59% of aggravated assaults were committed by an intimate partner, other relative, friend, or acquaintance and 41% were committed by a stranger.

NIBRS data from 1997<sup>3</sup> indicate that among juvenile (under age 18) aggravated assault victims, approximately 64% were male and 38% female. About 64% were White, 30% were Black, and 6% were Hispanic of any race. Approximately 6% were under age 6, 18% were ages 6 to 11, and 76% were ages 12 to 17. The majority of offenders were acquaintances (approximately 60%) and were other juveniles (approximately 55%).

#### **Arrests**

FBI<sup>1</sup> national data indicate that law enforcement agencies arrested approximately 477,809 persons for aggravated assault in 2001. Of those, 79.9% were male and 20.1% female; and 64.0% were White, 33.7% were Black, and 2.3% were other races. Aggravated assault arrests for 2001 decreased 0.1% over 2000. Ten-year trend data show that overall arrests for aggravated assault were down 4.4% in 2001 as compared with 1992.



# **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for physical assault is to reduce physical assaults to 25.5 physical assaults per 1,000 persons 12 and older (Objective 15-37).

Santa Clara County	State	Nation	Target
3.4*	3.9*	21.2	25.5

<sup>\*</sup>Aggravated assault rate per 1,000 population.

The physical assault rates for Santa Clara County and California for ages 12 and older were not available. However, the aggravated assault rates for the general population were available. The Santa Clara County rate of aggravated assault is slightly lower than the state rate (3.4 vs. 3.9 per 1,000 population). Local and state data should not be compared against national or Healthy People 2010 target data because comparable physical assault data are not available. However, aggravated assault rates can be compared. Figure 5.1 shows that Santa Clara County, although lower than California as a whole, is higher than several neighboring counties. Most notably, Santa Clara County's rate of aggravated assault is almost twice that of San Mateo County.

Figure 5.1. Rate of Aggravated Assault, Santa Clara County and Selected California Counties, 2001 (per 100,000 population) 343.8 335.7 350 326.6 300 250 233.3 200 184.9 150 100 50 0 U.S. California San Francisco County

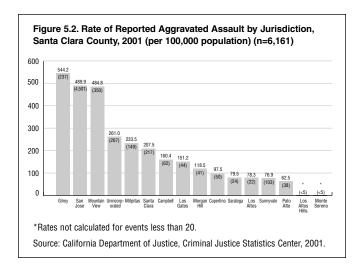
Source: FBI, Crime in the United States, 2001. California Department of Justice, Criminal Justice Statistics Center, 1900-2001. California Department of Finance, Population Projections, 2001.



# **Santa Clara County Data**

# Uniform Crime Report Data, Aggravated Assault

Aggravated assault occurs widely throughout the County. Rates for reports of aggravated assault in 2001 were calculated for Santa Clara County jurisdictions. All jurisdictions reported at least one incident of aggravated assault. Several jurisdictions, such as Gilroy, San Jose, and Mountain View had greater than 400 reports of aggravated assault per 100,000 population. Gilroy had the highest rate of aggravated assault with 544.2 per 100,000 population. San Jose and Mountain View were the second and third highest with 489.9 and 484.8 per 100,000 population respectively (see Figures 5.2 and 5.3).



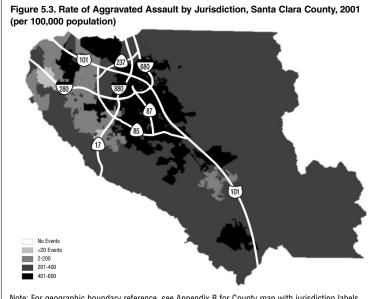


# **Assault** and **Battery** as defined by the California Penal Code

is "any willful unlawful attempt to commit a violent injury and/or use of force upon another person."

# Aggravated Assault vs. Assault and Battery

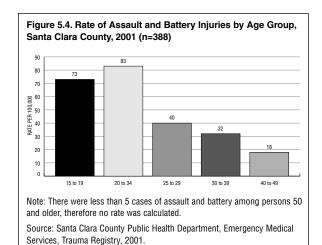
Assault and battery is a category of violence that is less severe and more broadly defined than aggravated assault. For example, aggravated assault can involve a deadly weapon or imply intent to rape, maim or murder. It is considered much more serious than simple assault, where a threat has occurred but no physical



Note: For geographic boundary reference, see Appendix B for County map with jurisdiction labels. Source: California Department of Justice, Criminal Justice Statistics Center, Uniform Crime Reports, 2001. Santa Clara County Information Services Department, Geographic Information Systems Program, Baseline Map, 2003.

harm. However, local data on aggravated assault are limited to only what is captured in the UCR Program. The rest of this chapter will present assault and battery data, which are more commonly captured and readily available from local criminal justice reporting agencies than aggravated assault data.

## Trauma Registry Data, Assault and Battery



In Santa Clara County, Emergency Medical Services (EMS) collects information on characteristics of persons who are injured due to effects of assault and battery and who have consequently accessed EMS services. Rates of assault and battery injuries known to EMS were highest among 20 to 24-year-olds and second highest among 15 to 19-year-olds. Rates drop markedly after 25 years of age, as seen in Figure 5.4.

## Criminal Justice Information Control Data, Assault and Battery Offenders

Table 5.1 shows the demographic characteristics of 2,833 persons booked for assault and battery in Santa Clara County in 2001. The majority of persons booked for assault and battery were male (86%). Nearly 50% of the persons booked for assault and battery were Hispanic and 30% were White. About 60% of persons booked for assault and battery were under 35 years old.

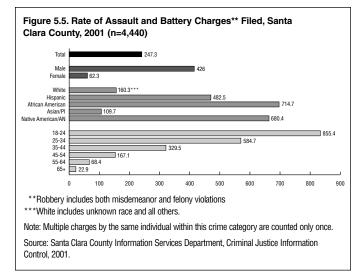
Table 5.1. Assault and Battery Suspects Booked by Demographics, Santa Clara County, 2001

Total	2,833	100%
Male	2,432	86%
Female	401	14%
White	883	31%
Hispanic	1,355	48%
African American	308	11%
Asian/Pacific Islander	270	10%
Native American/AN	10	0%
Ages 18-24	886	31%
Ages 25-34	883	31%
Ages 35-44	714	25%
Ages 45-54	274	10%
Ages 55-64	54	2%
Ages >65	18	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001.

There were more than 4,000 charges filed by Santa Clara County law enforcement agencies for felony and misdemeanor assault and battery in 2001 (see Figure 5.5). There were six times more filings of assault and battery charges for male suspects than female suspects. African Americans had the highest rate of charges filed, followed by Hispanics and Native Americans. The rate of assault and battery charges filed was highest among those between the ages of 18 and 24. The rate declined with age.

Figure 5.6 displays the demographic characteristics of the 2,835 offender convictions for assault and battery in Santa Clara County in 2001. Nearly 90% of the convictions were male offenders and 10% were female offenders. For race/ethnicity, 47% of the convictions were Hispanic, 30% were White, 11% were African American, and 11% were Asian/Pacific Islander. More than 65% of convictions were in offenders between 18 and 35 years old.



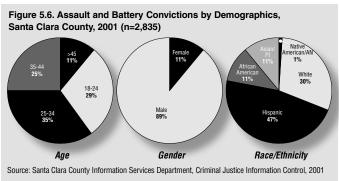


Table 5.2 provides information about the 1,162 offenders on probation for assault and battery in Santa Clara County in 2001. Ten percent of assault and battery offenders were female. The racial/ethnicity distribution of the offenders was 52% Hispanic, 29% White, 10% African American, and 9% Asian/Pacific Islander. The majority of offenders (65%) were under 35 years old.

Table 5.2. Assault and Battery Offenders on Probation by Demographics, Santa Clara County, 2001

Total	1,162	100%
Male	1,050	90%
Female	112	10%
White	335	29%
Hispanic	609	52%
African American	115	10%
Asian/Pacific Islander	99	9%
Native American/AN	4	0%
Ages 18-24	299	26%
Ages 25-34	449	39%
Ages 35-44	303	26%
Ages 45-54	85	7%
Ages 55-64	19	2%
Ages >65	7	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001.

## Juvenile Probation Data, Assault and Battery Offenders

Table 5.3. Assault and Battery\* Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001

Total	519	100%
Male	436	84%
Female	83	16%
White (includes unknown race and all others)	150	29%
Hispanic	268	52%
African American	44	8%
Asian/Pacific Islander	57	11%
Ages <12	1	<1%
Ages 12-14	117	23%
Ages 15-17	386	74%
Ages ≥18	15	3%

<sup>\*</sup>Assault and Battery includes both misdemeanor and felony violations.

Source: Santa Clara County Probation Department, Projects, Analysis, Communication and Evaluation Unit, 2001

As noted in Table 5.3, there were about 519 offenders between 0 and 18 years old in the Santa Clara County juvenile probation system for assault and battery charges in 2001. Of these, 84% were male and 16% were female. More than 52% of the juvenile offenders were Hispanic. Almost 75% of the juvenile offenders were between 15 and 17 years old and 25% were between 12 and 14 years old.

(Please see Chapter 8: Intimate Partner Violence for information specific to domestic violence-related assault and battery.)



# **Data Reflections**

While national data on aggravated assault are plentiful, local data are still limited, especially with respect to victims. Further data and sources should be investigated for information pertaining to the number of victims, untreated victims, and circumstances of the incident.

It is also important to note that the local data on number of filings, bookings, convictions, and probation of assault and battery offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

<sup>&</sup>lt;sup>1</sup> Federal Bureau of Investigation (FBI). (2002). Crime in the United States: 2001. Washington, DC: FBI. Retrieved on March 16, 2003 from http://www.fbi.gov/ucr/01cius.htm.

<sup>&</sup>lt;sup>2</sup> Rennison, C. (2001). Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000. NCJ 187007. Retrieved March 16, 2003 from http://www.ojp.usdoj.gov/bjs/pub/pdf/cv00.pdf.

<sup>&</sup>lt;sup>3</sup> Finkelhor, D. & Ormrod, R. (2000). Characteristics of Crimes Against Juveniles. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. Retrieved on March 16, 2003 from http://www.ncjrs.org/pdffiles1/ojjdp/179034.pdf.

# **Hate Incidents and Crimes**

The foreword to the FBI's Hate Crime Statistics: 2001<sup>1</sup> explains. Acts of hate "touch not only the individual victim, but they also affect the entire group associated with the particular bias motivation." With the passage of the Hate Crimes Statistics Act of 1990, Congress mandated the collection of national data about hate crimes. Initially, this data collection was limited to crimes motivated by a bias against a person's race, religion, sexual orientation, and/or ethnicity/national origin. The Violent Crime and Law Enforcement Act of 1994 amended the required data collection to include bias against persons with disabilities<sup>1</sup>.

The FBI's Uniform Crime Reporting (UCR) Program has developed a data collection system to comply with these mandates. Its Hate Crime Data Collection Program is a permanent part of the UCR Program and related National Incident-Based Reporting System (NIBRS). The FBI encourages the voluntary participation of every law enforcement agency in the data collection process. The data collected cover criminal offenses committed against persons, property, or society (this last category includes disorderly conduct, pornography/obscene material, and other offenses) that are motivated wholly or partially by the offender's bias against a race, religion, disability, sexual orientation, or ethnicity/national origin <sup>1</sup>.

Although UCR data collection concentrates specifically on hate crime, hate incidents are sometimes a precursor to crime and therefore are closely monitored in Santa Clara County. This chapter provides an overview of national and local hate crime data together with local data on hate incidents and hate crime.



# **Summary of National Findings**

The latest available hate crime data are documented in the UCR Program's Hate Crime Statistics: 2001<sup>1</sup>. The data from this report are summarized below<sup>4,5</sup> and represent the participation of 11,987 law enforcement agencies that contributed hate crime data through either the standard UCR Program or the NIBRS. These agencies collectively

represent 85% of the United States population. Approximately 17.6% of those agencies reported at least one hate crime in their jurisdictions in 2001<sup>4,5</sup>.

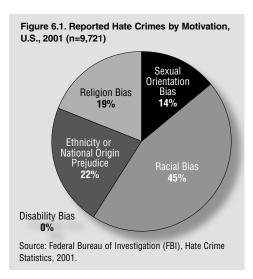


Santa Clara County's Hate is the Enemy Web site<sup>2</sup> defines hate

incidents and hate crime in the following way:

- Hate incidents are activities of a non-criminal nature such as name-calling, speech-making, demonstrations, and distribution of printed materials that are intentionally designed to defame individuals of a group because of their race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability.
- Hate incidents become hate crimes only when hate or bias directly incites perpetrators to commit violence against persons or property, or if they place a victim in reasonable fear of physical injury<sup>3</sup>. In such attacks, the victim is intentionally selected because of his or her race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability. Acts that can be prosecuted by the local or California District Attorney are arson, assault, damage to personal property, harassment, intimidation, murder, slander, threats, and vandalism<sup>2</sup>.

## Distribution of Hate Crimes by Motivation and Type



According to the FBI<sup>1</sup>, in 2001 there were 9,730 hate crime acts reported by state and local law enforcement agencies and 11,451 separate offenses. Of the 9,730 acts, 9,721 were single-bias offenses, meaning they were motivated by only one bias. The most frequently occurring hate crime was motivated by racial bias (45%), followed by prejudice of ethnicity or national origin (22%). A breakdown of these offenses is shown in Figure 6.1. Of the 11,451 separate hate crime offenses reported in 2001, 67.8% were crimes against persons, 31.5% were crimes against property, and 0.6% were crimes against society. Intimidation continued to be the most frequently reported hate crime offense committed against individuals, accounting for 55.9% of all hate crimes against persons. The most frequently reported hate crime against

property was the destruction/damage/vandalism of property at 83.7%.

#### Hate Crime Victims

As documented by the FBI<sup>1</sup> during 2001, there were 12,020 total victims of hate crime. Of the 11,998 victims of single-bias offenses, the distribution of hate crime motivation was similar to that reflected in Figure 6.1. Of the 12,020 total victims of hate crime, 22 were victims of multiple-biases. Ten of the hate crime victims were murdered in 2001, 5 of which were attributed to a bias against an ethnicity or national origin; 4 involved racial bias; and 1 was driven by bias against a sexual orientation.

#### Hate Crime Offenders

According to the FBI<sup>1</sup>, law enforcement agencies reported 9,239 known offenders in connection with the 9,730 hate crime acts reported in 2001\*. The majority of hate crime offenders were White (65.5%) followed by Black (20.4%). The remainder were either of other races or were members of a group that consisted of offenders of varying races (5.9%), or were of unknown race (8.2%).

#### **Location of Hate Crimes**

FBI data from 2001<sup>1</sup> indicate that the largest percentage of hate crime offenses (30.9%) occurred in or on residential properties. Highways, roads, alleys, or streets were the settings for 18.3% of the reported offenses. An additional 10.1% took place at schools and colleges. The remaining offenses were distributed among various locations.

<sup>\*</sup>A known offender does not imply that the identity of the suspect is known, but only that the suspect's race is known. However, a known offender's identity may be known, but race not known.

#### Trends in Hate Crime, 1992–2001

The FBI's Hate Crime Statistics: 2001<sup>1</sup> provides some observations about trends in FBI hate crime data since the report was first published in 1992. For example, from 1992 to 2000, offenses motivated by racial bias constituted the largest percentage of hate crimes reported. The fewest number of offenses resulted from ethnicity/national origin bias until the disability bias was added in 1997, which then became the lowest percentage of reported hate crimes. In 2001, presumably as a result of the September 11 attack on the United States, crimes motivated by bias against ethnicity/national origin increased dramatically to become the second most frequently reported bias in 2001. Additionally, anti-Islamic religion offenses had been the second-least reported among the religious bias offenses, but in 2001 they became the second-highest reported in that category — increasing by more than 1,600% over the previous year.

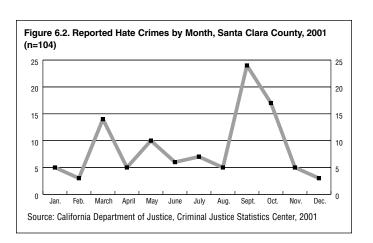
There is no national system for tracking hate incidents that are not hate crimes. However, it is clear that hate incidents are alarmingly common. For example, Indicators of School Crime and Safety: 2002<sup>6</sup> reported that in 2001, 12% of students ages 12 to 18 reported that someone in their school had called them a derogatory word that had to do with race, ethnicity, disability, gender, or sexual orientation in the past six months. Additionally, about 36% of students saw hate-related graffiti at school during the same period<sup>6</sup>.



# **Santa Clara County Data**

# Uniform Crime Reports, Hate Crime

In 2001 in Santa Clara County, according to UCR reports, there were a total of 104 hate crimes reported with a peak in September (24 crimes). October had the second highest count with 17 crimes reported, as seen in Figure 6.2. The UCR definition of Hate Crime is comparable to Santa Clara County's Hate is the Enemy definition noted earlier.



#### Network for a Hate-Free Community Data, Hate Crime

The Santa Clara County Office of Human Relations, Network for a Hate-Free Community, is a local reporting body separate from UCR reporting.

The Network receives counts of hate incidents and hate crime from local law enforcement agencies and through victims and other reporters of hate incidents and hate crime directly. As shown in Table 6.1, the total number of hate crimes reported directly to the Network and by local law enforcement agencies to the Network in 2001 in Santa Clara County was 281% higher than in 2000. † The number of hate

<sup>†</sup>When a victim or witness reports a hate crime to the Network for a Hate-Free Community, the reporter is also encouraged to file a report with the local law enforcement agency. Therefore, the total number of hate crimes shown in Table 6.1 may not be an unduplicated count of hate crime in Santa Clara County.

crimes reported by law enforcement agencies to the Network are greater than those reported to the UCR Program (refer to Figure 6.2). This may be because UCR reporting only counts the highest offense in any given violent incident or because of possible duplicate reporting of a case to the Network and to a law enforcement agency.

Table 6.1. Reported Hate Crimes by Year, Santa Clara County, 2001

	2000	2001				
		Prior to 9/11/01	Post 9/11/01	Total		
Network	0	2	3	5		
Sheriff	15	15	6	21		
Police Departments*	42	41	64	105		
Universities**		N/A				
Total	57	58	73	131		

<sup>\*</sup>Police Departments include Santa Clara, Gilroy, Sunnyvale, Cupertino, Mountain View, and Palo Alto.

## Network for a Hate-Free Community Data, Hate Incidents

In Santa Clara County, the number of hate incidents reported to the Office of Human Relations, Network for a Hate-Free Community and local law enforcement agencies in 2001 was 2,233% higher than in 2000, as seen in Table 6.2 below<sup>‡</sup>.



The mission of the **Network** for a Hate-Free Community

is to reach out, report, respond and rebuild in an effort to prevent and take action against hate in our community. The purpose of the Network is to create a vehicle that encourages the diverse members of our multicultural community to become involved in the development and implementation of an infrastructure, goals, objectives and supporting activities that will lead to creation of a sustainable hate-free community. The philosophy of the Network is linked to the principles of fostering the fundamental tenants of human rights and respect for all people through education and community awareness campaigns that encourage appreciation of diverse cultures and reduction of individual and systemic prejudice.

Table 6.2. Reported Hate Incidents by Year, Santa Clara County, 2001

	2000	2001			
		Prior to 9/11/01	Post 9/11/01	Total	
Network	2	2	35	37	
Sheriff	0	1	23	24	
Police Departments*	1	1	6	7	
Universities**	N/A	0	3	3	
Total	3	3	67	70	

<sup>\*</sup>Police Departments include Santa Clara, Gilroy, Sunnyvale, Cupertino, Mountain View, and Palo Alto.

Source: Santa Clara County Office of Human Relations, Network for a Hate-Free Community, 2001

The total number of hate incident and hate crime reports made in 2001 was 391% higher than in 2000. Furthermore, according to law enforcement<sup>7</sup>, the actual rate of hate incidents and hate crime is 8 to 10 times higher than what is reported.

‡When a victim or witness reports a hate incident to the Network for a Hate-Free Community, the reporter is also encouraged to file a report with the local law enforcement agency. Therefore, the total number of hate incidents shown in Table 6.2 may not be an unduplicated count of hate incidents in Santa Clara County.

<sup>\*\*</sup>Universities include Stanford University, Santa Clara University, and San Jose State University, as well as De Anza, San Jose City, Evergreen, and Mission colleges Source: Santa Clara County Office of Human Relations, Network for a Hate-Free Community, 2001

<sup>\*\*</sup>Universities include Stanford University, Santa Clara University, and San Jose State University, as well as De Anza, San Jose City, Evergreen, and Mission colleges

# California Healthy Kids Survey Data, Harassment and Bullying

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department, in collaboration with local school districts, administered the California Healthy Kids Survey (CHKS) to more than 16,000 seventh, ninth, and eleventh-graders in Santa Clara County. This survey is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States.

Among the harassment questions of the CHKS data from Santa Clara County schools, being harassed at school because of race/ethnicity was the most common response. In particular, 14.3% of students reported that they were harassed in the past 12 months on the basis of their race/ethnicity. Harassment because of race was most common among African American students. Additionally, among male students, harassment because of race was more common than among females. Among female students, gender harassment was reported more often than among male students. Harassment because of religion, sexual orientation, and disabilities were similar between male and female students. For most types of harassment, seventh-grade students reported higher prevalence than ninth and eleventh-graders (see Table 6.3).

Table 6.3. Harassment at School in Last 12 Months, Santa Clara County, 2002

	Ra Ethn		Reli	gion	Ger	nder	Sex Orien		or M	sical ental bility	Otl Reas	ner sons
	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total
Overall	14.3%	2,210	8.1%	1,248	9.6%	1,485	7.2%	1,109	4.1%	631	22%	3,393
Male	17.2%	1,271	9%	663	6.2%	455	8.6%	629	4.7%	344	23%	1,689
Female	11.6%	939	7.2%	585	12.8%	1,030	6%	480	3.6%	287	21.1%	1,704
White	9.9%	542	7.5%	409	10.3%	562	8.2%	444	4.1%	222	24.4%	1,328
Hispanic	15.7%	734	7.7%	359	10.6%	493	7.3%	339	4.4%	204	20.1%	939
African American	24.5%	145	10.9%	65	12.8%	75	8.9%	52	7.6%	45	23%	136
Asian/PI	16.9%	770	8.7%	394	7.5%	342	5.9%	267	3.4%	154	21%	952
Native American/AN	16%	19	16.8%	20	14.4%	17	8.7%	10	9.5%	11	21.6%	25
7th	13.2%	705	8.1%	431	10.2%	541	8.5%	450	4.3%	226	24.4%	1,293
9th	16%	811	8.1%	407	8.9%	448	7.1%	358	4.1%	206	23.5%	1,188
11th	13.9%	719	8.3%	427	9.9%	512	6.2%	317	4.1%	211	18.1%	936

Source: Santa Clara County Public Health Department; Research; Planning and Evaluation; California Healthy Kids Survey, 2002.



# **Data Reflections**

In Santa Clara County, hate incidents and hate crimes are often underreported and inconsistently reported to law enforcement and the Network for a Hate-Free Community. Many victims of hate incidents and hate crimes do not report them to law enforcement agencies due to a number of reasons, including lack of knowledge about laws, cultural and language barriers, fear of retaliation by the perpetrator, fear of re-victimization by law enforcement, fear of having one's sexual orientation made public, and fear of deportation for undocumented individuals. Disabled persons may not be able to articulate their victimization, or may fear retaliation from caregivers who have committed hate crimes against them<sup>8</sup>.

Although there are regulations that direct agencies to report hate incidents and crimes, there are no punitive measures or compliance checks to see that the regulations are followed. In addition, documentation varies by law enforcement jurisdiction and if the disposition is changed after investigation, a follow-up report may not be submitted to the Network. Reporting mechanisms at schools are under-funded, if funded at all, which leads to limited and inconsistent reporting. Mandatory training for staff of law enforcement agencies, schools, and other agencies in identifying and reporting hate incidents and crimes is a necessary first step in improving the quality of the data.

<sup>1</sup> Federal Bureau of Investigation (FBI). (2002a). Hate Crime Statistics: 2001. Retrieved March 12, 2003 from http://www.fbi.gov/ucr/01hate.pdf.

<sup>&</sup>lt;sup>2</sup> Santa Clara County Hate is the Enemy. (2003). What Can I do About Hate Incidents and Hate Crimes? Retrieved March 13, 2003 from http://www.hateistheenemy.com/channel/0,4770,chid%253D63737%2526sid%253D13980,00.html.

<sup>3</sup> Santa Clara County (SCC) Office of Human Relations. (2003). Personal Safety on the Anniversary of September 11. Retrieved March at 12, 2003 from http://www.hateistheenemy.com/channel/0,4770,chid%253D111790%2526sid%253D12496,00.html.

<sup>&</sup>lt;sup>4</sup> Federal Bureau of Investigation (FBI). (2002c). Press Release — FBI Releases the Publication Hate Crime Statistics, 2001. Retrieved March 13, 2003 from http://www.fbi.gov/pressrel/pressrel/2/2001hc.htm.

<sup>&</sup>lt;sup>5</sup> Federal Bureau of Investigation (FBI). (2002d). Press Release — Fact Sheet for Hate Crimes, 2001. Retrieved March 13, 2003 from http://www.fbi.gov/pressrel/pressrel/02/01factsheethc.htm.

<sup>6</sup> DeVoe, J.F., Peter, K., Kaufman, P., Ruddy, S.A., Miller, A.K., Planty, M., Snyder, T.D., Duhart, D.T. & Rand, M.R. (2002). Indicators of School Crime and Safety: 2002. Washington, DC: US Departments of Education and Justice. NCES 2003-009/NCJ 196753. Retrieved March 16, 2003 from http://nces.ed.gov/pubs2003/2003009.pdf.

Network for a Hate-Free Community. (2003). Hate Incidents/Crimes Reported 2000-2002. Retrieved July 15, 2003 from http://www.sccgov.com/content/0,4745,chid%253D241810%2526ccid%253D63889,00.html.

<sup>8</sup> Lockyer, B. (2001). Reporting Hate Crimes: The California Attorney General's Civil Rights Commission on Hate Crimes Final Report. Sacramento, CA: Author.

# **Homicide**

The ending of a human life is the most tragic result of violence. There were 16,765 deaths by homicide in the U.S. in 2000, or 6.1 deaths due to homicide per 100,000 people 1. In 2001, a total of 15,980 homicides were reported to law enforcement agencies nationally, or 5.6 per 100,000 population 2. FBI reports show that this is a 2.5% increase in reported homicides from the previous year but a 32.7% drop from 1992. Improvements in emergency care over the past 40 years (from the 1960s through the 1990s) have helped reduce deaths among assault victims by nearly 70%, which has helped lower the country's homicide rate 3.



The FBI's Uniform Crime Reporting (UCR) Program defines **homicide** or murder

as "the willful (non-negligent) killing of one human being by another<sup>2</sup>." (Not included within this definition are deaths caused by negligence, suicide, accident, justifiable homicide, and attempts or assaults to murder, which are considered aggravated assaults.)



# **Summary of National Findings**

During 2001, agencies that contribute to the Uniform Crime Reporting (UCR) Program submitted Supplemental Homicide Reports (SHR) for 13,752 homicides. The SHR supplies valuable data on victims, offenders, weapon types, victim-offender relationships, and circumstances of the incident<sup>2</sup>. The following national data summarize the most common circumstances and characteristics surrounding homicide.

#### **Victims**

There were 13,752 homicides included in the 2001 SHR data<sup>2</sup>. Of those, 49.8% of the victims were White, 47.5% were Black and 2.7% were other races. The majority of victims (76%) were male and 89.6% of the victims were adults. Of the total murder victims where age and sex were known, 9.1% of males and 14.8% of females were juveniles (under age 18). Victim-offender relationships were unknown for 44.6% of victims, 42.3% of victims knew their assailant, and 13.1% of victims were killed by a stranger. Nearly a third of female victims (32.3%) were slain by a husband or boyfriend, while 2.8% of male homicide victims were killed by a wife or girlfriend.

Despite the fact that only a relatively small percentage of total homicide victims (10.4%) were juveniles<sup>2</sup>, in the year 2000 homicide was the fourth-leading cause of death for children ages 10 to 14 and the second-leading cause of death for youth ages 15 to 24<sup>4</sup>. An analysis of juvenile homicide data from 1980 to 1997 indicates that "the landscape of murder shows peaks for young adults killed by young adults and for infants killed by adults<sup>5</sup>."

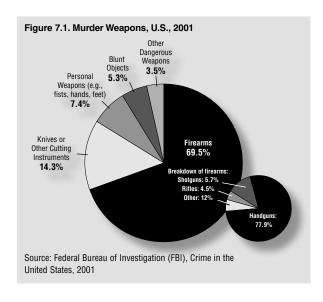
Among children, those under age 6 face an elevated risk of homicide. In 1997, more girls under age 6 were homicide victims than girls ages 12 to 17 (320 vs. 230 per 100,000 population respectively). Furthermore, the actual homicide rate for young children may be even higher than statistics indicate because homicides among this age group can be particularly difficult to distinguish from other causes of death<sup>6</sup>.

#### **Offenders**

Based on the 2001 SHR data<sup>2</sup>, 90.3% of offenders were male and 91.7% were adults. Of the offenders where race was known, 50.3% were Black, 47.2% were White, and 2.5% were persons of other races. Of those incidents with one victim and one offender, 93.6% of Black victims were killed by a Black offender and 85.4% of White victims were killed by a White offender. Between 1980 and 1997, 98% of known juvenile homicide offenders were male and 56% were Black<sup>6</sup>.

# **Gang-Related**

The National Youth Gang Center of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) conducted a study of youth gang homicides in the 1990s<sup>7</sup> that yielded further insight into this category of homicide. For example, from 1991 to 1996, the total number of gang homicides decreased among the 408 cities surveyed by nearly 15%, from 1,748 to 1,492 incidents. Los Angeles alone accounted for 29.7% of this decrease. While 32% of cities reported a decrease during this period, 29% reported an increase and 39% reported no change. From 1996 to 1998, the total number of gang-related homicides decreased among the 237 cities surveyed by nearly 18%, from 1,293 to 1,061 incidents. However, only about half of the surveyed cities reported a decrease, while 36% reported an increase and 15% reported no change. The National Youth Gang Center of the OJJDP also examined gang-related homicide statistics in 1999 and 2000 for 284 cities with a population of 25,000 or more and persistent gang activity. Among those cities with one or more gang homicides, 47% reported an increase and 42% reported a decrease in the number of gang homicides from 1999 to 2000<sup>8</sup>.



#### Weapons

For those incidents in which the murder weapon was known<sup>2</sup>, firearms were used most frequently (69.5%), followed by knives or other cutting instruments (14.3%). Of firearm usage, handguns were most used (77.9%) (see Figure 7.1).

#### **Circumstances**

For those incidents in which information on circumstances was available<sup>2</sup>, victims were involved in an argument with the offender in 28.0% of the incidents. A homicide occurred in connection with another felony (e.g., robbery, arson, etc.) in 16.6% of incidents. The circumstance was unknown in 32.4% of incidents.

The Occupational Safety and Health Administration (OSHA) reports that homicide was the third-leading cause of fatal occupational injury in the United States in 2000<sup>9</sup> with 674 workplace homicides that year. Refer to Chapter 16: Occupational Violence: Workplace Violent Deaths for more information.

#### Arrests

In 2001, there were an estimated 13,653 arrests for murder, down 2.6% from 2000 and 34.2% from 1992<sup>2</sup>. With respect to age, 89.8% of arrested were adults, 51.3% were under age 25, 41.2% were ages 18 to 24, and 10.2% were under age 18. Arrests of juveniles (under age 18) for murder in 2001 fell 2.2% from 2000 and 62.0% since 1992.

Males comprised 87.5% of those arrested for murder in 2001 and females 12.5%. Male arrests for murder dropped 2.0% from 2000 and female arrests for murder declined 6.8% from 2000.

In 2001, 48.7% of arrested were Black, 48.4% were White, and 2.6% were of other races.

#### **Clearances**

In 2001, 62.4% of homicides were cleared (i.e., solved by arrest or by exceptional means, such as the death of the offender), a higher percentage than for any other crime reported to the UCR Program<sup>2</sup>.



# **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for homicide is to reduce homicides to 3.2 homicides per 100,000 population (Objective 15–32).

Santa Clara County	State	Nation	Target
1.9	6.3	6.1	3.2

Santa Clara County has met the Healthy People 2010 goal of 3.2 homicides per 100,000. Additionally, Santa Clara County's rate of homicide was less than half that of California's overall rate (6.3 per 100,000 population).

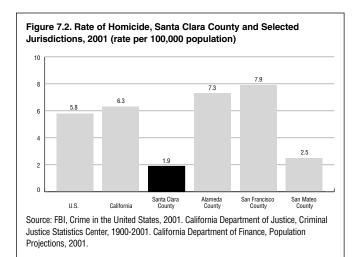


Figure 7.2 shows that the Santa Clara County rate of homicide was lowest as compared with the U.S., state, and three neighboring counties.



# **Santa Clara County Data**

## Death Certificate Data, Homicide Victims

Victim data for Santa Clara County were compiled from the Vital Statistics Death Records. Death records are classified according to the International Classification of Diseases, tenth revision (ICD-10), as mentioned in Chapter 4:

Methodology. All occurrences of homicide in Santa Clara County were abstracted (using ICD-10 codes X85-Y09, Y87.1).

Table 7.1. Homicide Victims by Demographics, Santa Clara County, 2001

Total	38	100%
Male	26	68%
Female	12	32%
White	12	32%
African American/Black	1	3%
Hispanic (all races)	17	45%
Asian/Pacific Islander	8	20%
Ages 5-14	2	5%
Ages 15-24	14	37%
Ages 25-34	5	13%
Ages 35-44	7	18%
Ages 45-54	6	16%
Ages 55-64	1	3%
Age 65+	3	8%

As is shown in Table 7.1, a total of 38 homicides occurred in Santa Clara County in 2001<sup>†</sup>. More than two-thirds (26) of those killed were men, approximately half (17) were Hispanic, and nearly half (16) were under the age of 25. In more than half (20) of the homicides committed in Santa Clara County, a firearm was the weapon used (data not shown).

Refer to Chapter 8: Intimate Partner Violence for more data on domestic violence-related deaths.

Source: California Department of Health Services, Vital Statistics Section, Death Records, 2001

#### Criminal Justice Information Control Data, Homicide Offenders

Table 7.2 shows there were 12 individuals who were booked for homicide in Santa Clara County in 2001. Ten of those were male and half were Hispanic. There were 31 suspects who had charges filed against them for homicide. Of those, 29 were male and 18 were Hispanic. When looking at age, 18 to 24-year-olds had the highest number of bookings (5) and were most often charged (15).



The California Penal Code defines **homicide** or murder as "the unlawful killing of a

human being, or a fetus, with malice aforethought."

Table 7.2. Homicide Suspects Booked and Charges Filed Against by Demographics, Santa Clara County, 2001

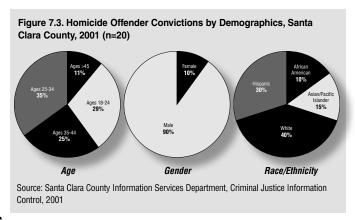
	Bookings	Charges Filed
Total	12	31
Male	10	29
Female	<5	<5
White (includes all other races not specified and unknown)	<5	5
Hispanic	6	18
African American	<5	<5
Asian/Pacific Islander	<5	7
Ages 15-17	0	<5
Ages 18-24	5	15
Ages 25-34	<5	9
Ages 35-44	<5	<5
Ages 45-54	0	<5
Ages 55-64	0	<5
Ages 65+	0	<5

Note: Multiple charges by the same individual within this crime category are counted only once.

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

<sup>&</sup>lt;sup>†</sup>This data differs from Uniform Crime Reports, probably due to reporting and reallocation discrepancies.

In Santa Clara County, there were 20 convictions of adults and youth tried as adults for homicide in 2001 (see Figure 7.3). Of those convictions, 18 were male, 8 were White, and 8 were between 18 and 24 years old. There were no adult offenders on probation for homicide that year (data not shown).



## Juvenile Probation Data, Homicide Offenders

According to Santa Clara County juvenile probation records, there were 2 juveniles on probation for homicide in 2001 (data not shown).



# **Data Reflections**

To shed further light on homicide circumstances, victims and offenders in Santa Clara County, the Public Health Department is developing a Violent Death Reporting System (VDRS), which is modeled on Harvard University's National Violent Injury Statistics System (NVISS). This system will link data from multiple sources. In the case of homicide, data will be drawn from Death Certificates, Medical Examiner-Coroner reports, Supplemental Homicide Reports, and Crime Lab reports (if applicable and available).

It is important to note that data on the number of homicides, bookings, charges filed, and convictions of offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

Minino, A.M., Arias, E., Kochanek, K.D., Murphy, S. & Smith, B.L. (2002). Deaths: Final Data for 2000. National Vital Statistics Reports, 50(15). Retrieved March 18, 2003 from http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\_16.pdf.

<sup>&</sup>lt;sup>2</sup> Federal Bureau of Investigation (FBI). (2002). Crime in the United States: 2001. Washington, DC: FBI. Retrieved March 16, 2003 from http://www.fbi.gov/ucr/01cius.htm.

<sup>&</sup>lt;sup>3</sup> Harris et al. (2002). Murder and Medicine: The Lethality of Criminal Assault 1960-1999. Homicide Studies, 6(2).

<sup>4</sup> Anderson, R. (2002). Deaths: Leading Causes for 2000. National Vital Statistics Reports, 50(16). Retrieved March 18, 2003 from http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50\_16.pdf.

<sup>&</sup>lt;sup>5</sup> Snyder, H.N. & Sichmund, M. *Juvenile Offenders and Victims: 1999 National Report.* Washington, DC: National Center for Juvenile Justice. Chapter 2 & 3 Retrieved March 18, 2003 from http://www.ncjrs.org/html/ojjdp/nationalreport99/chapter2.pdf and http://www.ncjrs.org/html/ojjdp/nationalreport99/chapter3.pdf.

<sup>&</sup>lt;sup>6</sup> Finkelhor, D. & Ormrod, R. (2001). Homicides of Children and Youth. Washington, DC: Office of Juvenile Justice and Delinquency Programs.

<sup>7</sup> Curry, G.D., Mason, C.L. & Howell, J.C. (2001). Youth Gang Homicides in the 1990s. OJJP Fact Sheet, March 2001 #03. Retrieved March 12, 2003 from http://www.ncjrs.org/pdffiles1/ojjdp/fs200103.pdf.

<sup>8</sup> Egley, A. (2002). National Youth Gang Survey Trends From 1996 to 2000. OJIP Fact Sheet, February 2002 #03. Retrieved July 15, 2003 from http://www.ncjrs.org/pdffiles1/ojjdp/fs200203.pdf.

Occupational Safety and Health Administration (OSHA). (2002). Workplace Violence—OSHA Summary Sheet. Retrieved on March 12, 2003 from http://www.osha.gov/OshDoc/data\_General\_Facts/factsheet-workplace-violence.pdf

# **Intimate Partner Violence**

Intimate partner violence affects women and men from all socioeconomic, cultural, racial and religious backgrounds. Women are most often the victims of violence perpetrated by men. However, males and gay, lesbian, bisexual, and transgender victims also experience intimate partner violence. Experts believe that the vast majority of intimate partner victimization is not reported to the police<sup>3</sup>. Intimate partner violence is associated with physical and psychological injuries, economic costs, and in some cases, death. Intimate partner violence also profoundly affects families and is a strong risk factor for child abuse.



# **Summary of National Findings**

Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year<sup>3</sup>. Women are more at risk of being assaulted by a current or former intimate partner than by a stranger. Nearly two-thirds of women who reported being raped, physically assaulted or stalked were victimized by a current or former husband, cohabiting partner, boyfriend, or date<sup>3</sup>. The National Violence Against Women (NVAW) Survey found that only about one-fifth of rapes, a quarter of physical assaults, and half of stalking



The National Center for Injury Prevention and Control (NCIPC)

defines intimate partner violence as "actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner," whether of the same sex or the opposite sex. Some of the common terms used to describe various types of intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape  $^{1,2}$ .

incidents against females by intimate partners were reported to police. Even fewer of these violent acts perpetrated against male respondents by intimate partners were reported<sup>3</sup>.

Among women who are physically assaulted or raped by an intimate partner, one in three is injured. Each year, more than 500,000 women injured as a result of intimate partner violence require medical treatment<sup>3</sup>.

As many as 324,000 women each year experience intimate partner violence during their pregnancy 1,4.

There were 5,046 reported incidences of domestic violence affecting lesbian, gay, bisexual, or transgender victims in 2001<sup>5,6</sup>.

The average prevalence for non-sexual dating violence among male and female high school students is 22% and among male and female college students it is 32%<sup>7</sup>. Studies of high school and college students suggest that males and females inflict and receive dating violence in equal proportions, but violence by women is more often for defensive purposes. Other studies have found that women were victims of dating violence twice as often as men were and suffer significantly more injuries<sup>7,8,9,10,11,12</sup>.

Firearms were the major weapon type used in intimate partner homicides from 1981 to 1998<sup>1,13</sup>. Between 1994 and 2001, 14% of rejected applications for firearm purchases were rejected because background checks revealed prior domestic violence convictions and/or restraining orders<sup>5,14</sup>.



## **Demographic Risk Factors**

More women than men experience intimate partner violence and women are more likely than men to be injured or killed in such attacks. In fact, according to the NVAW Survey, 25% of women and 7.6% of men surveyed said they had been physically assaulted or raped by an intimate partner<sup>3</sup>. The NVAW Survey also found that 41.5% of women who were physically assaulted by an intimate partner were injured during their most recent attack, compared with 19.9% of men<sup>3</sup>. The survey also found that women ages 20 to 29 are at greatest risk of being killed by an intimate partner<sup>1,13</sup>.

Another finding from the NVAW Survey on demographic risk factors was that nearly one-third of African American women experience intimate partner violence in their lifetimes compared with nearly one-fourth of White women<sup>3</sup>. Also, American Indian/Alaska Native women and men were most likely to report intimate partner violence, and Asian/Pacific Islander women and men were least likely to report it. It is unclear whether this difference is due to variations in willingness to report information about violence or to variations in incidence of intimate partner violence<sup>3</sup>.

Women living with female intimate partners experience less intimate partner violence than women living with male intimate partners. Slightly more than 11% of women who had lived with a female intimate partner reported being raped, physically assaulted and/or stalked by a female cohabitant, while 30.4% of women who had lived with a male intimate partner reported such violence by a male cohabitant<sup>3</sup>.

Men living with male intimate partners experience more intimate partner violence than men who live with female intimate partners. About 15% of men who had lived with a male intimate partner reported being raped, physically assaulted and/or stalked by a male cohabitant, while 7.7% of men who had lived with a female intimate partner reported such violence by a female cohabitant<sup>3</sup>.

Recent studies indicate that 30 to 50% of Latina, South Asian, and Korean immigrant women have been sexually or physically victimized by a male intimate partner<sup>5,15</sup>.

# The Relationship Between Child Abuse and Domestic Violence

Violence against mothers by their intimate partners is a serious risk factor for child abuse. Likewise, abuse against children is a serious risk factor for abuse against their mothers <sup>16,17,18</sup>. The four most rigorous studies of the co-occurrence of domestic violence and child abuse have described co-occurrence rates of approximately 50% <sup>16,17,19,20,21</sup>. Witnessing intimate partner violence as a child or adolescent, or experiencing violence from caregivers as a child, increases one's risk of both perpetrating and becoming a victim of intimate partner violence <sup>1,21</sup>. Refer also to Chapter 12: Crimes Against Children: Maltreatment and Abduction.

#### Other Risk Factors

It is estimated that in 45% of cases of intimate partner violence, men had been drinking and in about 20% of cases women had been drinking <sup>1,22</sup>. One study recently found that male partners' unemployment and drug or alcohol use were associated with increased risk for abuse <sup>1,23</sup>.

Men who are physically violent toward their partners are also likely to be sexually violent toward their partners and are likely to use violence toward children <sup>1,23</sup>. Violent husbands report more anger and hostility toward women when compared with nonviolent husbands <sup>1,24</sup>.

A high proportion of intimate-partner-violence perpetrators report more depression, lower self-esteem and more aggression than non-violent intimate partners. They also may be more likely to have personality disorders such as schizoidal/borderline personality, antisocial or narcissistic behaviors, and dependency and attachment problems <sup>1,24</sup>.

One study found that women who have permanent protection orders in place against their batterers were 80% less likely to be physically assaulted by their partners in the year after the attack than women without such orders. No significant reduction in violence occurred when temporary protection orders were in place  $^{5,25}$ .

# **Consequences**

Intimate partner violence is associated with physical injury and illness, psychological symptoms, economic costs, and death <sup>1,26</sup>. As a consequence of severe intimate partner violence, female victims are more likely than male victims to need medical attention and take time off from work. They also spend more days in bed and suffer more from stress and depression <sup>1,26</sup>. The estimated yearly direct medical cost of caring for battered women is about \$1.8 billion <sup>1,27</sup>.

Each year, thousands of American children witness intimate partner violence within their families. Witnessing violence is a risk factor for long-term physical and mental health problems, including alcohol and substance abuse, being a victim of abuse, and perpetrating abuse against an intimate partner <sup>1,28</sup>.



# **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for intimate partner violence is to reduce the rate of physical assault by current or former intimate partners to 3.6 physical assaults per 1,000 persons (Objective 15–34).

Santa Clara County	State	Nation	Target
Not available	Not available	4.8*	3.6

<sup>\*1998,</sup> latest available statistic.

There was no available information for the rates of physical assault by current or former intimate partners in California or locally. Although physical assault does occur, an accurate means of reporting the data has not been developed and/or disseminated for state and local jurisdictions.

See a comparison of U.S., state, and other counties for domestic violence-related calls for assistance on page 53.



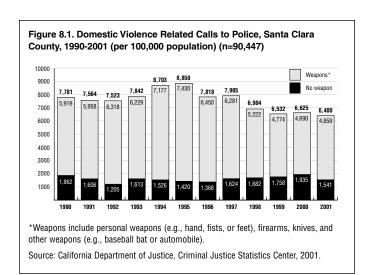


# **Santa Clara County Data**

## Criminal Justice Statistics Center Data, Domestic Violence-Related Calls

The California Department of Justice, Criminal Justice Statistics Center, maintains records of domestic violence-related calls to police. The definition for domestic violence in this database is subject to varying interpretations by law enforcement agencies. For example, a sibling dispute may be classified as domestic violence by one agency, whereas another agency only classifies intimate partner disputes as domestic violence. As a result, different types of domestic relationships are included in the data. The data include all cases that resulted in a report being written by the responding law enforcement agency whether an arrest was made or not.

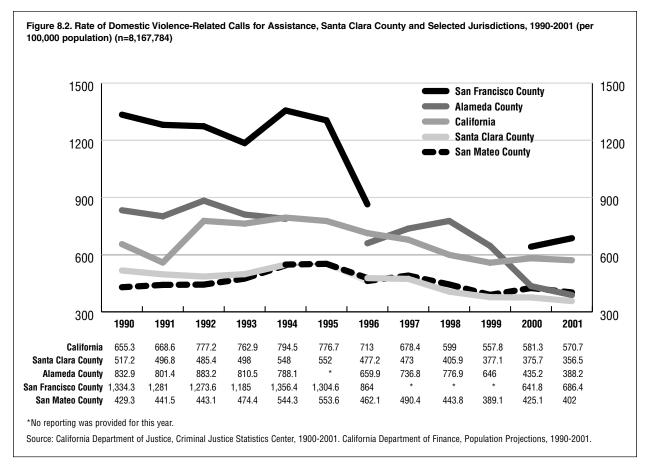
Information regarding weapon use, as ascertained during domestic violence-related calls, is normally reported for firearms, knifes or cutting instruments, or other dangerous weapons regardless of the outcome or injury. The use of personal weapons such as hands, fists, or feet is reported as a weapon only if the assault resulted in severe or aggravated bodily injury.



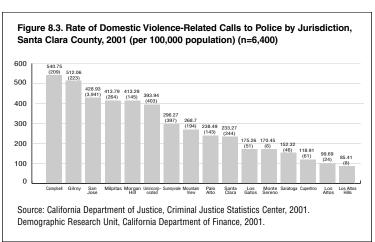
In Santa Clara County, the total number of domestic violence-related calls for police assistance decreased between 1995 and 2001. However, in 2001 there was a slight increase over 2000 in the number of calls involving weapons (see Figure 8.1).

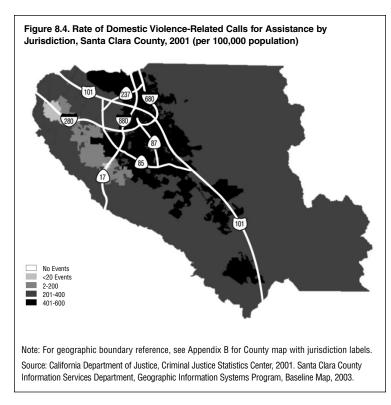
The rate of domestic violence-related calls for assistance in Santa Clara County has been much lower than California as a whole and San Francisco and Alameda counties in the past decade. (See Figure 8.2).

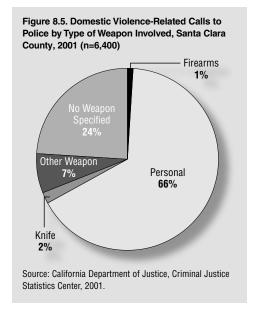
<sup>†</sup> Penal Code section 13730 does not require that the type of weapon involved in a domestic violence-related call be reported.



As shown in Figure 8.3 and 8.4, in Santa Clara County in 2001, Campbell had the highest rate of domestic violence-related calls (541 per 100,000 population), followed by Gilroy (512 per 100,000 population) and San Jose (429 per 100,000 population).







In 2001, of calls that specified the involvement of weapons, most involved the use of "personal" weapons such as hands, fists, and feet. "Other" danger-

ous weapons, such as baseball bats or automobiles, comprised the second highest proportion of calls involving weapons<sup>‡</sup> (see Figure 8.5).

## Death Review Committee, Domestic Violence Deaths



The Domestic Violence Council and related subcommittees define

domestic violence as the escalating pattern of behavior where one partner in an intimate relationship controls another through force, intimidation or the threat of violence. From August 1993 to December 2001, the Santa Clara County Domestic Violence Death Review Committee reviewed a total of 130 domestic violence-related deaths, 17 of which occurred in 2001. The number of domestic violence-related deaths per year has declined slightly since 1997 (see Figure 8.6).

Of the 130 total deaths, 69 (53.1%) were caused by a gun and included 25 homicides, 21 suicides and 6 "blue suicides." Twenty-one



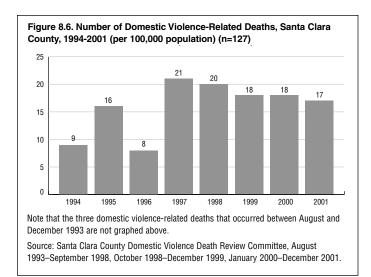
**Blue suicide** refers to those cases where the decedent caused the

police to shoot him or her.

deaths (16.2%) were attributable to stabbing (see Figure 8.7).

Of 128 domestic violence-related deaths from January 1994 to December 2001, 46 victims were White, 37 were Asian/Pacific Islander, 32 were Hispanic, 12 were African American or mixed African American, and 1 was American Indian. When viewing this data by race/ethnicity, Asian/Pacific Islanders are most at risk for experiencing domestic violence-related death per 100,000 general population (see Figure 8.8).

<sup>‡</sup>Jurisdictions may differ in their reporting of use of weapons.



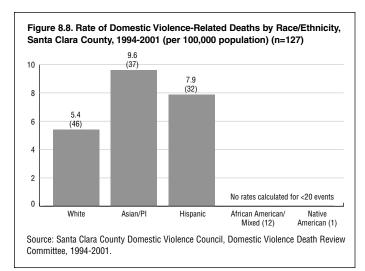
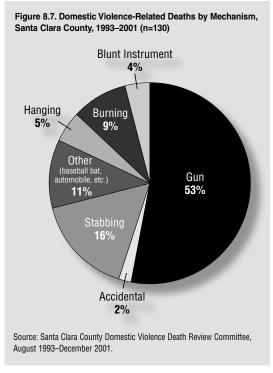
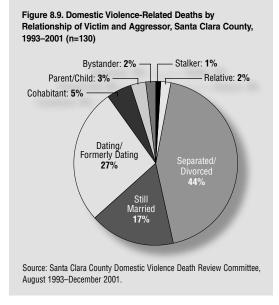


Figure 8.9 shows the distribution of relationships between victims and aggressors in the 130 cases of domestic violence-related deaths in Santa Clara County from 1993 to 2001. Of all the deaths, 43.8% of the victims were separated or divorced from the perpetrator at the time of the incident and 27% were dating or were in a former dating relationship at the time of incident.





Thirty-nine deaths (30%) were preceded by domestic violence contacts with law enforcement (i.e., police reports). (Data not shown.)

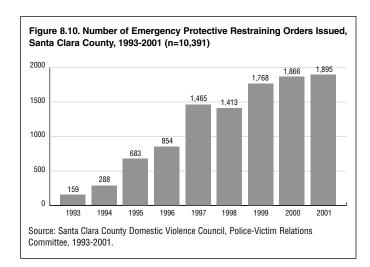
## Restraining Order Data

A total of 1,895 Emergency Protective Restraining Orders (EPROs) were issued in Santa Clara County in 2001. Since 1993, the number of EPROs has increased sevenfold (see Figure 8.10).

Of the 12 law enforcement jurisdictions that reported issuing EPROs in 2001, Morgan Hill had the highest rate (275 per 100,000 population) followed by Sunnyvale (185 per 100,000 population). According to data from Santa Clara County Superior Court, 47% of domestic violence incidents initiating EPROs in 2001 involved children. (Data not shown.)

A **restraining order** is a court order that requires the person restrained to stop threatening or hurting the party seeking the restraining order. The abuser must be someone with whom there is a close relationship, such as a family member or intimate partner. Restraining orders can also require the person restrained to stop calling the victim, move out of the victim's residence, stay away from the victim's place of work and residence, give up a gun, limit time spent with children, and pay certain expenses. There are three types of restraining orders:

- 1. An Emergency Protective Restraining Order (EPRO) can be implemented immediately in case of a dangerous and urgent situation. A police officer responding to a domestic violence incident can call the on-call judge anytime and ask for an EPRO. An emergency protective order extends for up to seven days.
- 2. **Temporary restraining orders** are ordinarily issued after an appearance in court by one party without the other party being present. They can usually be issued the same day they are requested and remain in effect until a scheduled hearing—typically scheduled to occur within 15 or 20 days.
- 3. **Permanent restraining orders** must be applied for and can extend for up to three years.



The Santa Clara County Domestic Violence Council Death Review Committee compiled data on the number of domestic violence deaths for which there was a temporary restraining order in place between the victim and perpetrator. The specific breakdown of these deaths is as follows: there were 10 cases in which the restrained individual committed suicide, 3 cases in which the protected person was killed, and 1 case in which the restrained individual suffered accidental death while violating the restraining order.

## Criminal Justice Information Control Data, Restraining Order Violations

Table 8.1. Restraining Order Violation Suspects Booked by Demographics, Santa Clara County, 2001

Total	414	100%
Male	361	87%
Female	53	13%
White	164	40%
Hispanic	180	43%
African American	40	10%
Asian/Pacific Islander	28	7%
Native American/AN	2	<1%
Ages 18-24	87	21%
Ages 25-34	134	32%
Ages 35-44	150	36%
Ages 45-54	35	8%
Ages 55-64	7	2%
Ages 65+	1	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

In 2001, there were 633 suspects charged with restraining order violations in Santa Clara County. The highest rates were among males, African Americans, and those between the ages of 25 and 34 years old (see Figure 8.11).

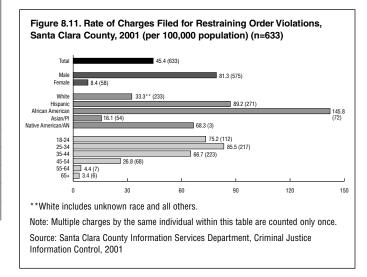
As shown in Figure 8.12, most of the 473 offenders convicted for restraining order violations in 2001 were male and Hispanic or White.

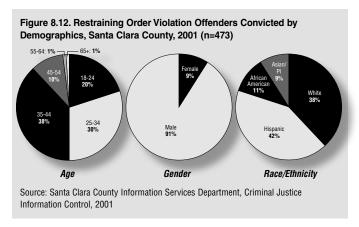
Table 8.2. Restraining Order Violation Offenders on Probation by Demographics Santa Clara County 2001

by Demographics, Sama Clara County, 2001					
Total	188	100%			
Male	174	93%			
Female	14	7%			
White	62	33%			
Hispanic	88	47%			
African American	23	12%			
Asian/Pacific Islander	15	8%			
Ages 18-24	39	21%			
Ages 25-34	71	38%			
Ages 35-44	62	33%			
Ages 45-54	14	7%			
Ages 55-64	2	1%			

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

In Santa Clara County in 2001, most suspects booked for restraining order violations were male, White or Hispanic, and between 35 and 44 years old (see Table 8.1).





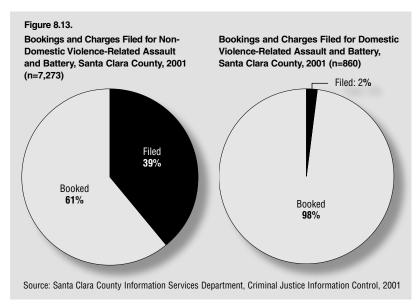
Nearly half of those offenders on probation for domestic violence-related restraining order violations were Hispanic and between the ages of 25 and 34 (see Table 8.2).

## Criminal Justice Information Control Data, Domestic Violence Rape

In 2001, there were 6 suspects booked, 7 charges filed, and less than 5 convictions of domestic violencerelated rape in Santa Clara County. The suspects were Hispanic and Asian/Pacific Islander. Most were between 25 and 54 years old (data not shown).

## Criminal Justice Information Control Data, Domestic Violence Assault and Battery

In 2001, there were more than 800 suspects booked for domestic violence-related assault and battery, but only 18 charges were filed. Figure 8.13 shows the percentage of bookings and filings for assault and battery, and highlights the difference in proportions between domestic violence-related and nondomestic violence-related bookings and filings.



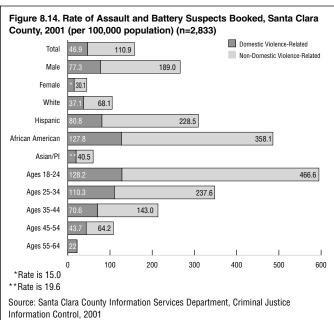
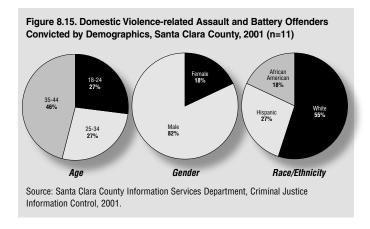


Figure 8.14 shows the rate of offenders booked for domestic violence-related assault and battery per 100,000 general population in Santa Clara County in 2001. This figure highlights the difference between assault and battery bookings that were domestic violence-related and those that were not. Domestic violence-related bookings constitute a substantial proportion of assault and battery bookings. Overall, bookings due to domestic violence-related assault and battery are 30% of all assault and battery

bookings. While the overall rate of assault and battery bookings is much higher in the 18 to 24-year-old age group than it is in the 25 to 34-year-old age group, the rate of domestic violence-related bookings is similar between the two age groups.

In 2001, there were 11 convictions in Santa Clara County for domestic violence-related assault and battery. The majority of domestic violence-related assault and battery convictions were against White offenders and those between the ages of 35 and 44 years old (See Figure 8.15).



# Juvenile Probation Data, Domestic Violence Offenders

Table 8.3. Domestic Violence-Related Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001

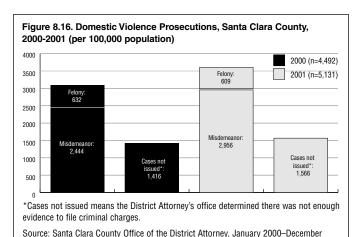
Total	30	100%				
Male	26	87%				
Female	4	13%				
White (includes unknown race and all others)	4	13%				
Hispanic	22	73%				
African American	1	3%				
Asian/Pacific Islander	3	10%				
Ages <12	0	0%				
Ages 12-24	0	0%				
Ages 15-17	27	90%				
Ages >18	3	10%				

In the Santa Clara County juvenile probation system, there were a total of 30 juvenile suspects with domestic violence-related charges. Of these, more than 70% were Hispanic and 90% were between 15 and 17 years old (see Table 8.3).

# District Attorney Data, Offender Prosecutions

The Santa Clara County District Attorney's Office reviewed an average of 98 new reports of domestic violence each week in 2001. Charges were filed in 3,565 cases, or an average of 68 new criminal cases of domestic violence each week (See Figure 8.16\*):

<sup>\*</sup>A listing of penal codes for domestic violence charges can be found in Appendix C.



2001

<sup>\*</sup>Domestic violence-related charges include both misdemeanor (276.3M) and felony (273.5) charges. Source: Santa Clara County Probation Department, Projects, Analysis, Communication, and Evaluation Unit, 2001

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- 26 cases involved same sex relationships.
- 72 cases involved teens as victims.
- 121 cases involved women who were pregnant.
- 1,021 cases involved children who were present during the alleged incident.
- 2,130 cases involved injury to some person.

## Behavioral Risk Factor Survey Data, Intimate Partner Violence

Few studies provide population-based estimates of domestic violence, especially at the county level. The Behavioral Risk Factor Survey (BRFS) is a cross-sectional telephone survey of adults ages 18 and older. Developed by the Centers for Disease Control and Prevention (CDC), the BRFS collects information on a wide variety of health-related behaviors. In 2000, the Public Health Department conducted an adapted version of this survey in Santa Clara County, including a pilot section on intimate partner violence, developed by the CDC.

Of the 2,547 people who did answer questions in this section<sup>§</sup>, 2.3% reported that in the past 12 months they had experienced some violence. Violence was defined as being pushed, slapped, hit, punched, shaken, kicked, choked or burned, or being made to take part in any sexual activity against their will. Of those who reported violence in the past 12 months, 1.3% reported that the violence lead to forced sexual activity. Of those who answered the question about the relationship of the perpetrator, 21% reported that the violence involved an intimate partner, such as a spouse, live-in partner, boyfriend or girlfriend.

A summary of intimate partner violence questions and responses from the 2000 BRFS is provided in Table 8.4. The table shows that about 9.1% of respondents had been subjected to childhood injuries and trauma due to abuse. About 10% of the respondents saw or heard one of their parents physically hurt by their partner. Less than 1% (20) of respondents reported being physically hurt by their intimate partner in the past 12 months and 0.5% (12) reported seeing a healthcare provider because of physical or sexual violence, or threatening behavior by an intimate partner.

Younger adults (18 to 34 years old) and Hispanics were more likely to report this compared with other respective age and ethnic groups (data not shown). Those who reported being abused were more likely not to have a health insurance plan (data not shown). A higher proportion of young adults between 18 and 24 years old said they had experienced violence as compared to other age groups (data not shown). Women who were victims of violence were more likely to have a household income of less than the median income (\$50,000 to \$75,000) in the County (data not shown). Approximately 1% (27) feared for their safety or the safety of their loved ones because of anger or threats made by an intimate partner (data not shown). Among those who reported being physically hurt, only 20% sought medical attention as a result of their intimate partners' violent behavior (data not shown).

<sup>\$</sup>About 16% of survey respondents refused to answer the questions on intimate partner violence.

Table 8.4. Results of Intimate Partner Violence Questions from the Behavioral Risk Factor Survey, Santa Clara County, 2000

Question	Number in Survey	"Yes" Answers Number (%)	Refused to Answer Total (%)	
Injured or hurt due to abuse as a child	2,547	231 (9.1%)	352 (13.8%)	
Male	1,289	118 (9.2%)	152 (11.8%)	
Female	1,258	113 (9%)	199 (15.8%)	
See or hear parents hurt by their partner	2,547	258 (10.1%)	367 (14.4%)	
Male	1,289	129 (10%)	162 (12.6%)	
Female	1,258	128 (10.2%)	205(16.3%)	
Violence in the past 12 months	2,547	58 (2.3%)	371 (14.6%)	
Male	1,289	29 (2.3%)	164 (12.7%)	
Female	1,258	29 (2.3%)	207 (16.5%)	
Did violence lead to sexual activity?	487	7 (1.3%)	371 (76.2%)	
Male	222	1 (0.4%)	163 (73.5%)	
Female	266	6 (2.1%)	208 (78.4%)	
Frightened because of threats from intimate partner	2,547	27 (1%)	398 (15.6%)	
Male	1,289	8 (0.6%)	172 (13.4%)	
Female	1,258	19 (1.5%)	226 (18.0%)	
Physically hurt by intimate partner in the past 12 months	2,547	20 (0.8%)	418 (16.4%)	
Male	1,289	7 (0.5%)	177 (13.7%)	
Female	1,258	14 (1.1%)	241 (19.2%)	
See a health care provider in the past 12 months because of physical or sexual violence, or threatening behavior by an intimate partner against you	2,547	12 (0.5%)	426 (16.7%)	
Male	1,289	3 (0.2%)	181 (14.4%)	
Female	1,258	9 (0.7%)	246 (19.5%)	

Note: Numbers do not add up in all cases because of weighted values.

Source: Santa Clara County Public Health Department, Research Planning and Evaluation Division, Behavioral Risk Factor Survey, 2000

# California Healthy Kids Survey Data, Dating Violence

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department, in collaboration with local school districts, administered the California Healthy Kids Survey (CHKS). This survey is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States.

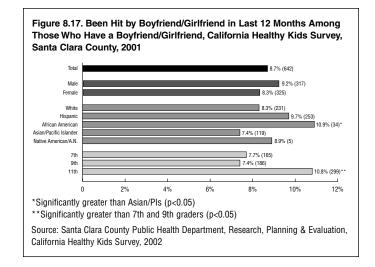
Below are the results of one question addressing relationship violence from the most recent local administration of the CHKS.

Overall, about 9% of students with a boyfriend or girlfriend reported that they had been hit by a boyfriend/girlfriend in the past 12 months (see Figure 8.17). There was no significant difference in the reported prevalence of being hit by a boyfriend/girlfriend between male and female students. As shown in Figure 8.17, Asian/Pacific Islander students reported the lowest prevalence of being hit by a boyfriend/girlfriend (7.4%)

compared to other racial groups. Eleventthgraders (10.8%) reported the highest prevalence of being hit by a boyfriend/girlfriend in the last 12 months compared to 7th (7.7%) and 9th-graders (7.4%).

# Housing/Shelter Service Data, Intimate **Partner Violence Victims**

Four domestic violence housing and shelter service providers in Santa Clara County provided the 2001 statistics displayed in Table 8.5. This table represents the types of services provided and client demographics



for shelters in Santa Clara County. Note that the full burden on shelters is not represented here because not all shelters have supplied data.

Table 8.5. Domestic Violence Services, Santa Clara County, 2001

	Asian Americans for Community Involvement	Community Solutions	Next Door	Support Network for Battered Women			
Clients Served	98	404	1,779	649			
Hotline calls received	1,089	459	3,504	5,254			
Individual Counseling							
Adult (19+)	451 sessions	171 sessions 36 clients	1,362 sessions 549 clients	523 sessions 55 clients			
Teen (13-18)	28 sessions	21 sessions 6 clients	31 sessions 3 clients	0			
Children (0-12)	Unknown	61 sessions 14 clients	288 sessions 62 clients	142 sessions 11 clients			
Group Counseling							
Adult (19+)	186 sessions	50 sessions 54 clients	1,552 sessions 317 clients	522 sessions 67 clients			
Teen (13-18)	Unknown	15 sessions 6 clients	Unknown	0			
Children (0-12)	Unknown	15 sessions 12 clients	144 sessions 13 clients	55 sessions 13 clients			
Shelter Services							
Women	30	54	167	135			
Children (≤17)	25	70	146	160			
# of bed nights	3,662	3,774	5,081	4,463			

Source: Santa Clara County Domestic Violence Council, Victim Survivor Advocacy Committee, 2001



# **Data Reflections**

Due to the sensitive nature of intimate partner violence, the criminal justice data on incidents and offenders and the BFRS, CHKS, and shelter data on victims likely provide a significant underestimate of the prevalence and circumstances of these problems in our community. The response rate for BFRS data on intimate partner violence, in particular, was very low. Given the frequency of intimate partner violence and the severity of its consequences for victims and their families, it is important that we continue to promote valid and reliable data collection and reporting so we can monitor these crimes and the effects of related prevention efforts.

It is important to note that the local data on number of filings, bookings, convictions, and probation of domestic violence offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

National Center for Injury Prevention and Control (NCIPC). (2003a). Intimate Partner Violence Fact Sheet. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm.

<sup>&</sup>lt;sup>2</sup> Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. (1999). Intimate Partner Violence Surveillance: Uniform definitions and recommended data elements. Atlanta: National Center for Injury Prevention and Control.

<sup>&</sup>lt;sup>3</sup> Tjaden P, Thoennes N. (2000). Extent, Nature, and Consequences of Intimate Partner Violence Against Women: Findings from the National Violence Against Women Survey. Washington, DC: National Institute of Justice and the Centers for Disease Control and Prevention.

<sup>&</sup>lt;sup>4</sup> Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. (2000). Violence and reproductive health; current knowledge and future research directions. *Maternal and Child Health Journal*; 4(2):79-84.

National Center for Victims of Crime. (2003). Domestic Violence Statistics. Retrieved March 14, 2003 from http://www.ncvc.org/resources/statistics/domesticviolence/.

<sup>&</sup>lt;sup>6</sup> Baum, R. & Moore, K. (2002). Lesbian, Gay, Bisexual, and Transgender Domestic Violence in 2001. NY: National Coalition of Anti-Violence Programs.

National Center for Injury Prevention and Control (NCIPC). (2000). Dating Violence. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/datviol.htm.

<sup>&</sup>lt;sup>8</sup> Arias, I., Samios, M., & O'Leary, K. (1987). *Prevalence and correlates of physical aggression during courtship*. Journal of Interpersonal Violence; 2(No. 1, March): 82-90.

<sup>9</sup> Gray, H.M. & Foshee, V. (1997). Adolescent Dating Violence: Differences between one-sided and mutually violent profiles. *Journal of Interpersonal Violence* 12(1): 126-141.

<sup>&</sup>lt;sup>10</sup>Makepeace, J. M. (1983). *Life events, stress and courtship violence*. Family Relations;32: 101-109.

<sup>&</sup>lt;sup>11</sup>Makepeace, J. M. (1986). Gender differences in courtship violence victimization. Family Relations;35: 383-388.

<sup>12</sup>White, J. W. & Koss, M. P. (1991). Courtship violence: incidence in a national sample of higher education students. Violence and Victims;6(4): 247-256.

<sup>&</sup>lt;sup>13</sup>Paulozzi LJ, Saltzman LA, Thompson MJ, & Holmgreen P. (2001). Surveillance for homicide among intimate partners-United States, 1981-1998. CDC Surveillance Summaries;50(SS-3): 1-16.

<sup>14</sup>Bowling, M. (2002). Background Checks for Firearm Transfers, 2001. Washington, DC: Bureau of Justice Statistics, US Department of Justice.

<sup>&</sup>lt;sup>15</sup>Raj & Silverman. (2002). Violence Against Immigrant Women: The Roles of Culture, Context, and Legal Immigrant Status on Intimate Partner Violence. *Violence Against Women*, 8:3.

<sup>16</sup>National Center for Injury Prevention and Control (NCIPC). (1999). The Co-occurrence of Intimate Partner Violence Against Mothers and Abuse of Children. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/dvcan.htm.

<sup>&</sup>lt;sup>17</sup>McKibben L., DeVos, E. & Newberger E. (1989). Victimization of Mothers of Abused Children: A Controlled Study. *Pediatrics*, 84:531-535.

- 18 Stark, E. & Flitcraft, A. (1991). Spouse Abuse. Violence in America: a Public Health Approach, Eds. Rosenberg and Fenley. Oxford: Oxford University
- <sup>19</sup>Ross, S. (1996). Risk of Physical Abuse to Children of Spouse Abusing Parents. *Child Abuse and Neglect*, 20:589-598.
- <sup>20</sup>Straus M., Gelles, R.J. & Steinmetz, S.K. (1980). Behind Closed Doors: Violence in the American Family. New York: Doubleday/Anchor.
- <sup>21</sup>Straus, M. & Gelles, R.J. (1990). Physical violence in American families: Risk Factors and adaptations to violence in 8,145 families. New Brunswick, NJ: Transaction Publishers.
- <sup>22</sup>Roizen J. (1993). Issues in the epidemiology of alcohol and violence. Alcohol and Interpersonal Violence: Fostering multidisciplinary perspectives. Bethesda (MD): National Institute on Alcohol Abuse and Alcoholism; p. 3-36. NIAAA Research Monograph No. 24.
- <sup>23</sup>Coker AL, Smith PH, McKeown RE, & Melissa KJ. (2000). Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. American Journal of Public Health;90(4): 553-9.
- <sup>24</sup>Holtzworth-Monroe, A., Bates, L., Smutzler, N., & Sandin, E. (1997). A brief review of the research on husband violence: part I: maritally violent versus nonviolent men. Aggression and Violent Behavior;2(1): 65-99.
- <sup>25</sup>Holt, V. et al. (2002). Civil Protection Orders and Risk of Subsequent Police-Reported Violence. *JAMA*, 288(8): 589-594.
- <sup>26</sup>National Research Council. (1996). *Understanding Violence Against Women*. Washington (DC): National Academy Press; p. 74-80.
- <sup>27</sup>Wisner CL, Gilmer TP, Saltzman LE, & Zink TM. (1999). Intimate partner violence against women: do victims cost health plans more? *Journal of* Family Practice;48(6):439-43.
- <sup>28</sup>Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventive Medicine;14(4): 245-58.

# Rape and Sexual Assault

Rape and other forms of sexual assault are crimes that are devastating to victims and their families. Victims can suffer adverse short-term and lifelong physical and emotional burdens. While there are many sources of data on sexual assaults, there is much we don't know because these crimes are often underreported.



The FBI's Uniform
Crime Reporting (UCR)
Program reports only on

**forcible rapes**, which is defined as "the carnal knowledge of a female forcibly and against her will<sup>1</sup>."



# **Summary of National Findings**

There are multiple sources of national data on rape. The Uniform Crime Reporting (UCR) statistics on forcible rape include assaults or attempts to commit rape by force or threat of force. Nationally, 90,491 forcible



**Sexual assault** is more broadly defined than forcible rape and can

include any unwanted sexual contact or forced sex that includes oral, anal, or vaginal intercourse in situations where threats, physical force, or a weapon is used. This also includes circumstances when a person was unable to give consent due to age, drugs, alcohol, sleep, or mental disability. The FBI's offense coding structure classifies sexual assault into four separate offense categories. From most to least serious, these crimes are forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling<sup>2</sup>.

rapes (90% of which were rapes and 10% of which were attempts) were reported in 2001, an increase of 0.3% from the previous year. Of those reported forcible rapes, 44.3% were cleared (i.e., solved for crime reporting purposes)<sup>1</sup>. In 2001, law enforcement arrested an estimated 27,270 persons for forcible rape. Approximately 45.4% of these persons were under the age of 25, 62.7% were White, and 98.8% were male <sup>1</sup>.

Rape and sexual assault frequently involve juvenile victims (under 18). The FBI's National Incident-Based Reporting System (NIBRS) data show that since 1997, approximately half of all female forcible rape victims have been juveniles and close to 90% of all male forcible rape victims have been juveniles<sup>3</sup>. Furthermore, another report found that 67% of all victims of sexual assault reported to law enforcement agencies are juveniles (under the age of 18) and 34% of all victims are under age 12<sup>3</sup>. In addition, one of every seven victims of sexual assault reported to law enforcement agencies is under age 6<sup>3</sup>.

Rape and sexual assault are frequently not reported to law enforcement authorities. In 2000, 86,800 households and 159,420 people

ages 12 and older were interviewed through the FBI's National Crime Victimization Survey (NCVS). The data from this survey led researchers to estimate that 261,000 males and females ages 12 and older were victims of rape or sexual assault in 2000, and that 51.9% of rapes and sexual assaults were not reported to law enforcement<sup>4</sup>. Moreover, data from the National Women's Study, a longitudinal telephone survey of a national household probability sample of women ages 18 and older, indicate that 683,000 women are forcibly raped each year and that 84% of the rape victims do not report the offense to the police<sup>5</sup>.



# Risk Factors for Rape and Sexual Assault

NCVS results indicate that in 2000, 0.1 per 100,000 males ages 12 and older were victims of rape or sexual assault, while 2.1 per 100,000 females ages 12 and older were victims of rape or sexual assault<sup>5</sup>. NCVS results also indicate that in 2000, persons ages 16 to 19 experienced the highest rate of rape and sexual assault victimization of all persons ages 12 and older<sup>5</sup>.

People with physical or mental disabilities are at higher risk for sexual violence (including rape) than people without disabilities, and available data suggest that most cases involve multiple episodes of sexual contact<sup>6</sup>.

Among all rapes and sexual assault against women in 2000, 37% were committed by friends and acquaintances, including intimate partners (21%). Overall, 62% were committed by non-strangers, meaning victims knew their attackers.

Persons with a household income of less than \$7,500 were more likely to be victims of rape or sexual assault (5.2 victims per 1,000 persons ages 12 or older) than persons in higher income categories<sup>5</sup>.

Risk factors and behaviors associated with sexual violence include early sexual experience (both forced and voluntary), adherence by men to sex role stereotyping, negative attitudes of men towards women, alcohol consumption, and acceptance of rape myths<sup>7,8,9</sup>. Non-forceful verbal resistance and lack of resistance are associated with rape completion<sup>10,8</sup>.

#### **Consequences**

**Pregnancy.** The adult pregnancy rate associated with rape has been estimated to be 4.7%<sup>11</sup>. This information, in conjunction with estimates based on the U.S. Census, suggest there may be 32,101 raperelated pregnancies annually among American women over the age of 18<sup>12</sup>.

**Injury.** All victims of completed rape are regarded as having been injured. From 1992 to 2000, 38% of female victims sustained an additional injury 12. Only 32% of completed rape victims who sustained such injuries were treated for them 13.

**Long-term physical effects.** Victims of rape often manifest long-term symptoms of chronic headaches, fatigue, sleep disturbance, recurrent nausea, decreased appetite, eating disorders, menstrual pain and sexual dysfunction <sup>13,14,15,16,17</sup>.

**Increased substance abuse.** In a longitudinal study, victims of sexual assault were found to have increased risk of substance abuse by a factor of 2.5<sup>18</sup>.

**STD/HIV/AIDS.** Estimates of the occurrence of sexually transmitted diseases (STD) resulting from rape range from 3.6% to  $30\%^{17,18}$ . HIV transmission risk rate from rape is estimated at 1 in  $500^{18,19}$ . A study of recent female rape victims found that 73% were extremely fearful, either during or after the rape, about contracting HIV from the attack<sup>20</sup>. A nationally representative sample of emergency departments' treatment of rape victims found that only one-third received STD screening and of those who did, 35% received STD medication<sup>21</sup>.

**Mental effects.** Victims of marital or date rape are 11 times more likely to be clinically depressed, and 6 times more likely to experience social phobia than non-victims<sup>22</sup>.

DV

**Health service use.** A study examining the use of health services over a five-year period by female members of a health maintenance program found that the number of visits to physicians by rape victims increased 56% in the year following the crime, compared to a 2% utilization increase by non-victims<sup>23</sup>.

**Cost.** The National Public Services Research Institute estimated the lifetime cost for each rape with physical injuries that occurred in 1987 to be \$60,000<sup>24</sup>. This economic burden has most likely increased since 1987.



# **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for sexual assault is to reduce sexual assault other than rape to 0.2 sexual assaults other than rape per 1,000 persons ages 12 and older (Objective 15-36).

Santa Clara County	State	Nation	Target
Not available	Not available	0.426	0.2

There was no available information on the rates of sexual assaults in California or locally. Although sexual assault does occur, an accurate means of reporting the data has not been developed and/or disseminated.

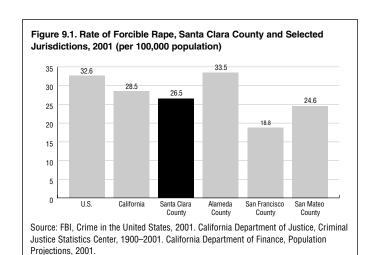
The Healthy People 2010 injury-related objective for rape is to reduce the annual rate of rape or attempted rape to 0.7 rapes or attempted rapes per 1,000 persons (Objective 15-35).

Santa Clara County	State*	Nation*	Target
0.325	0.326	0.6 <sup>26</sup>	0.7

<sup>\*</sup>Rate per 1,000 persons ages 12 and older.

According to statistics from the California Office of the Attorney General<sup>26</sup>, California's rate of rape (0.3 per 1,000) was less than half that of the Healthy People 2010 Objective (0.7) and national rate (0.6). The rate of rape in Santa Clara County (0.3) was comparable to the California rate.

When comparing Santa Clara County against other neighboring counties, as seen in Figure 9.1, the rate of forcible rape was about average.





# **Santa Clara County Data**

#### Uniform Crime Report Data, Rape

Table 9.1. Counts and Rates of Rape by Jurisdiction, Santa Clara County, 2001

	Forcible Rape	Rate* per 100,000 population
Campbell	12	*
Cupertino	7	*
Gilroy	16	*
Los Altos	0	*
Los Altos Hills	1	*
Los Gatos	3	*
Milpitas	9	*
Monte Sereno	0	*
Morgan Hill	13	*
Mountain View	5	*
Palo Alto	7	*
San Jose	329	36
Santa Clara	20	19
Saratoga	3	*
Sunnyvale	18	*
Unincorporated	25	24

<sup>\*</sup>Rates not calculated for less than 20 events.

Note: Santa Clara Transit District reported 1 case; San Jose State University Police Department reported 7 cases (data not shown above).

Source: California Department of Justice, California Criminal Justice Statistics Center, Uniform Crime Reports, 2001

In Santa Clara County in 2001, there were 476 incidents of rape (as defined by the UCR Program) reported to local law enforcement. Table 9.1 shows that the highest rates of rape occurred in San Jose (36 per 100,000 population), followed by the unincorporated jurisdiction (24 per 100,000 population), then Santa Clara (19 per 100,000 population).

It is important to note that in Santa Clara County, rape and sexual assault data are captured by a variety of different sources. The UCR definition and data (mentioned above) are exclusive to female victims, whereas the definition of rape (according to the California Penal Code) used in the data provided below encompass both male and female victims.



According to the California Penal Code, rape is an act of sexual intercourse accomplished against a

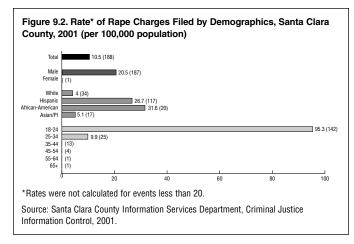
person's will.

# Criminal Justice Information Control, Rape Offenders

Table 9.2. Rape Suspects Booked by Demographics, Santa Clara County, 2001

<u> </u>	•	
Total	187	100%
Male	184	98%
Female	3	2%
White	39	21%
Hispanic	115	61%
African American	18	10%
Asian/Pacific Islander	15	8%
Native American/AN	0	0%
Ages 18-24	108	58%
Ages 25-34	50	27%
Ages 35-44	23	12%
Ages 45-54	6	3%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001. Table 9.2 shows the demographic characteristics of the 187 suspects booked for rape in Santa Clara County in 2001. Most of the suspects booked for rape were male. About 60% were Hispanic, 20% were White, 10% were African American and 10% were Asian/Pacific Islander. About 85% of those booked were less than 35 years old.



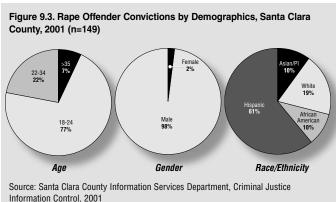


Table 9.3. Rape Offenders on Probation by Demographics, Santa Clara County, 2001

Demographics, Santa Clara County, 2001			
Total	18	100%	
Male	18	100%	
Female	0	0%	
White	4	22%	
Hispanic	10	56%	
African American	1	6%	
Asian/Pacific Islander	3	17%	
Native American/AN	0	0%	
Ages 18-24	15	83%	
Ages 25-34	2	11%	
Ages 35-44			
Ages 45-54	1	6%	

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

Figure 9.2 shows the rate of rape charges filed against suspects by law enforcement agencies by demographics per 100,000 general population in Santa Clara County in 2001. The rate of rape charges filed for males was 20.5 per 100,000 population, nearly twice that of females (10.5 per 100,000 population). The rate of rape charges filed for Hispanic and African American populations was 26.7 and 31.6 per 100,000 population, respectively. The rate of rape charges filed in the 18 to 24year-old age group was almost 10 times higher than the 25 to 35-year-old age group. The rates of rape charges filed in the older age groups were negligible.

Figure 9.3 shows the demographic characteristics of the 149 offender convictions for rape in Santa Clara County in 2001. More than half of the offenders convicted for rape were Hispanic. Almost all of the convicted offenders were male. More than 90% were less than 35 years old.

There were 18 rape offenders on probation in Santa Clara County in 2001. All of these offenders on probation were male. Approximately 50% were Hispanic. More than 80% were below the age of 25 (see Table 9.3).

#### Juvenile Probation Data, Sexual Offenders

Sexual battery is considered any unwanted touching of an intimate

part of another person for the purpose of sexual arousal.

As noted in Table 9.4, there were 31 offenders in the Santa Clara County juvenile probation system for sexual battery (Penal Code 243.4) in 2001. Almost all of the offenders were male. More than 60% of the offenders were Hispanic. The majority were between 15 and 17 years old. There was one rape offender in the juvenile probation system (data not shown).

Table 9.4. Sexual Battery Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001

Total	31	100%
Male	29	94%
Female	2	6%
White (includes unknown race and all others)	7	23%
Hispanic	19	61%
African American	3	10%
Asian/Pacific Islander	2	6%
Ages 12-14	6	19%
Ages 15-17	23	74%
Ages ≥18	2	6%

Source: Santa Clara County Probation Department, Projects, Analysis, Communication, and Evaluation Unit, 2001.

# Behavioral Risk Factor Survey Data, Sexual Assault

Limited sexual assault data for Santa Clara County were collected through the local administration of the Behavioral Risk Factor Survey (BRFS) in 2000<sup>27</sup>. The BRFS is a cross-sectional telephone questionnaire survey designed to monitor health and risk behaviors among Americans 18 and older living in households. The survey was administered to 2,547 Santa Clara County residents. Detailed questions on abuse and assault were asked. Respondents could choose to refuse to answer questions.

A summary of questions and responses related to sexual assault that were asked by the BRFS 2000 is provided in Table 9.5. The table shows that 2.7% of respondents reported that they were forced to have sex at least once since their eighteenth birthday. Also, 3.9% of respondents reported that they were forced to have sex before their eighteenth birthday. The percent of females reporting this (6.4%) was higher than males (1.5%). Of those who responded, 3.3% reported that they have been forced to engage in an unwanted sexual activity that did not involve intercourse (data not shown). A higher proportion of females than males reported being forced to engage in sexual activity that did not involve intercourse.

On average, about 26% of males and 30% of females refused to answer questions related to rape and sexual assault. This demonstrates the difficulty in collecting accurate information about the occurrences of these activities. More information on the BFRS limitations and results are provided in Chapter 4: Methodology and Chapter 8: Intimate Partner Violence.

Table 9.5. Results of Behavioral Risk Factor Survey Questions Related to Sexual Assault, Santa Clara County, 2000

Question	Number in Survey	"Yes" Answers Number (%)	Refused to Answer Total (%)
Since your eighteenth birthday, have you ever been forced to have sex?	2,547	69 (2.7%)	721 (28.3%)
Male	1,289	9 (0.7%)	339 (26.3%)
Female	1,258	59 (4.7%)	383 (30.4%)
Were you ever forced to have sex before your eighteenth birthday?	2,547	99 (3.9%)	733 (28.8%)
Male	1,289	19 (1.5%)	344 (26.7%)
Female	1,258	80 (6.4%)	388 (30.8%)
If "yes" to above: Was the person who most recently forced you to have sex before your eighteenth birthday five or more years older than you?	99	61 (61.5%)	0
Male	19	18 (92.5%)	0
Female	80	43 (54.1%)	0
Have you ever been threatened, coerced, or physically forced to engage in unwanted sexual acts that did not result in intercourse or penetration?	2,547	84 (3.3%)	739 (29.0%)
Male	1,289	12 (0.9%)	345 (26.7%)
Female	1,258	72 (5.7%)	394 (31.3%)

Source: Santa Clara County Public Health Department, Research Planning and Evaluation Division, Behavioral Risk Factor Survey, 2000

(Please see Chapter 8: Intimate Partner Violence for information specific to domestic violence-related rape).



# **Data Reflections**

Due to the sensitive nature of rape and sexual assault, the criminal justice data on incidents and offenders and the BFRS data on victims likely provide a significant underestimate of the prevalence and circumstances of these problems in our community. Given the frequency of rape and sexual assault and the severity of their consequences for victims, it is important that we continue to promote valid and reliable data collection and reporting so that we can monitor these crimes and the effects of related prevention efforts.

It is important to note that the local data on number of filings, bookings, convictions, and probation of rape offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

- <sup>1</sup> Federal Bureau of Investigation (FBI). (2002). *Crime in the United States: 2001.* Washington, DC: FBI. Retrieved March 16, 2003 from http://www.fbi.gov/ucr/01cius.htm.
- <sup>2</sup> U.S. Department of Health and Human Services (2000). Healthy People 2010 (Conference Edition, in Two Volumes). Washington, DC: Author.
- 3 Snyder, H.N. (2000). A Statistical Report using data from the National Incident-Based Reporting System. Retrieved April 24, 2002 from http://www.ojp.usdoi.gov/bjs/pub/ascii/saycrle.txt.
- 4 Rennison, C. (2001). Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000. Retrieved March 16, 2003 from http://www.ojp.usdoj.gov/bjs/pub/pdf/cv00.pdf.
- <sup>5</sup> Kilpatrick, D.G., Edmunds, C.N. & Seymour, A.K. (1992). *Rape in America: A report to the nation.* NA: National Victim Center.
- 6 National Center for Injury Prevention and Control (NCIPC). (2000). Sexual violence against people with disabilities. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/disabvi.htm.
- 7 Koss, M.P., & Dinero, T.E. (1989). Predictors of sexual aggression among a national sample of male college students. Annals of the New York Academy of Science, 528: 133-146.
- Scott, R.L., & Tetreault, L.A. (1987). Attitudes of rapists and other violent offenders towards women. Journal of Social Psychology, 127(4): 375-380.
- Muehlenhard, C.L. & Linton, M.A. (1997). Date rape and sexual aggression in dating situations: Incidence and risk factors. *Journal of Counseling Psychology*, 34(2): 186-196.
- 10 Bachman, R. & Saltzman, L.E. (1995). Violence against women: Estimates from the redesigned survey. Bureau of Justice Statistics Special Report, no. NCJ-154348. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- 11 Homes, M.M., Resnick, H.S., Kilpatrick, D.G. & Best, C.L. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. American Journal of Obstetrics and Gynecology, 175(2): 320-324.
- 12 Rennison, C. (2002). Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000. Washington, DC: Bureau of Justice Statistics, US Department of Justice.
- <sup>13</sup> Eby, K.K., Campbell, J.C., Sullivan, C.M. & Davidson, W.S. (1995). Health effects of experiences of sexual violence for women with abusive partners. Health Care for Women International, 16(6): 563-576.
- 14 Golding, J.M. (1996). Sexual assault history and women's reproductive and sexual health. Psychology of Women Quarterly, 20: 101-121.
- <sup>15</sup> Kilpatrick, D.G., Best, C.L., Veronen, L.J., Amick, A.E., Villeponteaux, L.A. & Ruff, G.A. (1985). Mental health correlates of criminal victimization: A random community survey. *Journal of Consulting and Clinical Psychology*, 53(6): 866-873.
- <sup>16</sup> Koss, M.P. & Heslet, L. (1992). Somatic consequences of violence against women. Archives of Family Medicine, 1:53-59
- 17 Resnick, H.S., Acierno, R. & Kilpatrick, D.G. (1997). Health impact of interpersonal violence 2: Medical and mental health outcomes. Behavioral Medicine, 23:65-78.
- <sup>18</sup> Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E., & Best, C.L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting & Clinical Psychology*, 65(5): 834-47.
- <sup>19</sup> Gostin, L.O., Lazzarini, Z., Alexander, D., Brandt, A.M., Mayer, K.H. & Silverman, D.C. (1994). HIV testing, counseling, and prophylaxis after sexual assault. *Journal of the American Medical Association*, 27(18):136-1444.
- <sup>20</sup> Resnick, H. et al. (2002). Rape-Related HIV Risk Concerns Among Recent Rape Victims. Journal of Interpersonal Violence, 17(7).
- 21 Amey, A. & Bishai, D. (2002). Measuring the quality of Medical Care for Women who Experience Sexual Assault with Data from the National Hospital Ambulatory Medical Care Survey. Annals of Emergency Medicine, 39(6).
- 22 Kilpatrick, D.G., Best, C.L., Saunders, B.E., & Veronen, L.J. (1988). Rape in marriage and in dating relationships: How bad is it for mental health? Annals of New York Academy of Sciences, 528: 335-344.
- 23 Koss, M.P., Koss, P.G. & Woodruff, W.J. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. Archives of Internal Medicine, 151: 342-347.
- <sup>24</sup> Miller, T.R., Cohen, M.A. & Rossman, S.B. (1993). Victim costs of violent crime and resulting injuries. *Health Affairs*, 12(4): 186-197.
- 25 Criminal Justice Statistics Center (CJSC). (2002). California Criminal Justice Profiles 2001. Office of the Attorney General, State of California, Department of Justice. Retrieved July 15, 2003 from http://caag.state.ca.us/cjsc/publications/profiles/pub.htm.
- 26 Rennison, C. (2001). Criminal Victimization 2001: Changes 2000-2001 with Trends 1993-2001. Retrieved July 15, 2003 from http://www.ojp.usdoj.gov/bjs/pub/pdf/cv01.pdf.
- 27 Santa Clara County's Behavioral Risk Factor Survey Report 2000; Public Health Department; Santa Clara Valley Health and Hospital System. Retrieved June 9, 2003 from http://www.sccphd.org/scc/assets/docs/133913BehavioralRiskFactorSurvey2000.pdf.

# Robbery

Robbery accounts for a significant portion of violent crime. In 2001, robbery (including attempted robbery) accounted for 29.4% of all violent crime reported in the U.S. A total of 422,921 robberies (including attempted robberies) were reported nationally, which is a 3.7% increase from the previous year but an overall drop of 37.1% from 1992 figures <sup>1</sup>.

According to the NCVS<sup>2</sup>, an estimated 520,000 robberies were committed in 2000, which translates to 3.2 robberies per 1,000 persons ages 12 or older<sup>2</sup>. NIBRS data indicate that close to 14% of all robberies that year were perpetrated against victims under 18 and robberies comprised about 2% of all crimes against juveniles that were reported to NIBRS<sup>3</sup>.



The FBI's Uniform Crime Reporting (UCR) Program defines **rob**-

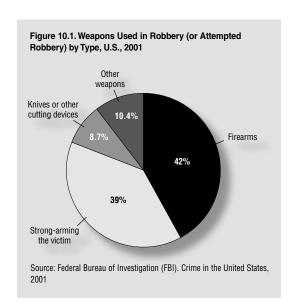
bery as "the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear."



# **Summary of National Findings**

#### Weapons

According to the FBI<sup>1</sup>, in 2001 firearms were the most used weapon involved in robberies and attempted robberies (42%), followed by strong-arming the victim (39%). (See Figure 10.1).



#### Economic Loss

FBI<sup>1</sup> data indicate that robbers stole more than \$532 million in 2001. The average loss for each robbery was \$1,258. There was a 19.4% increase in the number of banks robbed from 2000 to 2001.

#### Robberies by Type

According to the FBI<sup>1</sup>, in 2001 robberies (including attempted robberies) of persons on streets and highways accounted for 44.3% of the total robberies. Robberies of commercial establishments (including gas stations, convenience stores, and banks) accounted for 26.3% of all robberies. Robberies of residences accounted for 12.6% of all robberies. The remaining 16.8% were classified as miscellaneous.

ROBBERY 10

#### Victims and Victim-Perpetrator Relationships

In 2000, males were much more likely to be victims of robbery than females (4.5 male victims per 1,000 persons ages 12 or older vs. 2.0 female victims per 1,000 persons ages 12 or older), according to the latest NCVS<sup>2</sup>. Youth ages 16 to 19 were the age group that experienced the highest rate of robbery victimization (7.3 per 1,000 persons). Blacks were much more likely to be robbery victims (7.2 victims per 1,000 persons ages 12 or older) than Whites (2.7 victims per 1,000) or persons of other races (2.8 victims per 1,000). Those with a household income of less than \$7,500 were more likely to be victims of robbery (7.1 victims per 1,000 persons ages 12 or older) than persons of higher household income. The majority of robberies in 2000 (69%) were committed by a stranger, while 28% were committed by intimate partners, other relatives, friends, or acquaintances of the victim.

NIBRS data from 1997<sup>3</sup> indicate that among juvenile (under 18) robbery victims, 81% were male and 19% were female; approximately 69% were White, 25% were Black, and 6% were Hispanic (any race); approximately 2% were under age 6, 12% were ages 6 to 12, and 86% were ages 12 to 17; and the slight majority (55%) were victimized by other juveniles.

#### **Arrests**

FBI<sup>1</sup> data show that law enforcement agencies arrested approximately 108,400 persons for robbery (including attempted robbery) in 2001. Of those, 62% were under 25 and 89.9% were male. The majority were Black (53.8%), followed by White (44.5%) and other races (1.7%). From 2000 to 2001, arrests of males rose 2.0% and arrests of females rose 2.9%.

Arrests for robbery comprised 17.3% of violent crime arrests in 2001. Robbery arrests for 2001 increased 2.1% over 2000. Adult arrests (ages 18 or older) rose 3.9% while juvenile arrests (under 18) declined 3.5% and young juvenile arrests (under age 15) declined 11%. Ten-year trend data show that overall arrests were down 25.6% in 2001 as compared with 1992<sup>1</sup>.

# **Clearances**

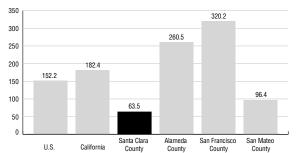
According to FBI<sup>1</sup> data, in 2001 law enforcement agencies cleared (i.e., solved by an arrest or by exceptional means) 24.9% of all reported robberies (including attempted robberies). Clearance rates were higher for rural counties than for large cities. Juvenile offenders (under age 18) comprised 14.4% of robbery clearances.

10 ROBBERY



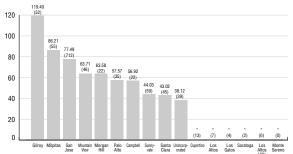
# **Santa Clara County Data**

Figure 10.2. Rate of Robbery, Santa Clara County and Selected Jurisdictions, 2001 (per 100,000 population)



Source: FBI, Crime in the United States, 2001. California Department of Justice, Criminal Justice Statistics Center, 1900-2001. California Department of Finance, Population Projections, 2001.

Figure 10.3. Rate\* of Robbery by Jurisdiction, Santa Clara County, 2001 (per 100,000 population) (n=1,129)



\*Rates not calculated for events less than 20.

Source: California Department of Justice, Criminal Justice Statistics Center, Uniform Crime Reports, 2001

Santa Clara County had the lowest rate of robbery in 2001 compared to other neighboring counties, the state and U.S. overall (see Figure 10.2).

0

The California Penal Code defines **robbery** as the felonious taking of personal property in the possession of another, from his

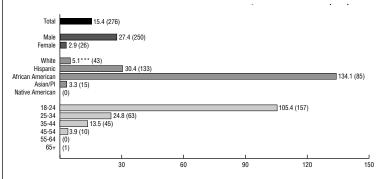
person or immediate presence, and against his will, accomplished by means of force or fear.

# Uniform Crime Report Data, Robbery

As shown in Figure 10.3 and 10.4, in Santa Clara County in 2001, the robbery rate in Gilroy was at least double the rate of most other jurisdictions at 119.4 per 100,000. Milpitas had the second highest rate at 86.21 per 100,000.

Note: For geographic boundary reference, see Appendix B for County map with jurisdiction labels. Source: California Department of Justice, Criminal Justice Statistics Center, Uniform Crime Reports, 2001. Santa Clara County Information Services Department, Geographic Information Systems Program, Baseline Map, 2003.

#### Figure 10.5. Rate\* of Robbery Charges\*\* Filed by Demographics, Santa Clara County, 2001 (per 100,000 population) (n=276)



- \*Rates were not calculated for events less than 20.
- \*\*Robbery includes both misdemeanor and felony violations.
- \*\*\*White includes unknown race and all others.

Note: Multiple charges by the same individual within this crime category are counted only once. Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

# Criminal Justice Information Control Data, Robbery Offenders

A total of 198 individuals were booked for robbery in Santa Clara County in 2001. Hispanics represented the highest number of bookings. The number of robbery suspects who were booked was highest among those between the ages of 15 and 17 (see Table 10.1).

Table 10.1. Robbery Suspects Booked by Demographics, Santa Clara County, 2001

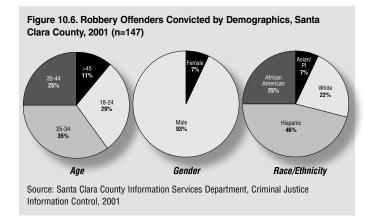
Total	198	100%
Male	176	89%
Female	22	11%
White	41	21%
Hispanic	89	45%
African American	50	25%
Asian/Pacific Islander	17	9%
Native American/AN	1	1%
Ages 15-17	111	56%
Ages 18-24	54	27%
Ages 25-34	20	10%
Ages 35-44	9	5%
Ages 45-54	2	1%
Ages 55-64	1	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

As shown in Figure 10.5, in 2001 there were 276 charges filed for robberies in Santa Clara County. African Americans constituted the highest rate of filings. The highest rate of charges filed were among youth aged 18 to 24.

10 ROBBERY

Figure 10.6 shows the demographic characteristics of the 147 offender convictions for robbery in Santa Clara County in 2001. Hispanics constituted nearly half (46%) of the convictions. Convictions were fairly evenly distributed between the 18 to 24-year-old age group (29%) and the 25 to 34-year-old age group (35%), and decreased slightly for the 35 to 44-year-old age group (25%).



In 2001, there were 2 individuals on probation for robbery in the adult criminal justice system. Both were between 15 and 17 years old (

tem. Both were between 15 and 17 years old (data not shown).

# Juvenile Probation Data, Robbery Offenders

There were 39 youths in the juvenile probation system for robbery in Santa Clara County in 2001. Hispanics constituted the largest number of robbery offenders. Most offenders were male and between the ages of 15 and 17 years old (see Table 10.2).

Table 10.2. Robbery Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001

Total	39	100%
Male	38	97%
Female	1	3%
White (includes unknown race and all others)	10	26%
Hispanic	18	46%
African American	10	26%
Asian/Pacific Islander	1	3%
Ages <12	0	56%
Ages 12-14	4	10%
Ages 15-17	33	85%
Ages ≤18	2	5%

Source: Santa Clara County Probation Department, PACE Unit, 2001

ROBBERY 10



# **Data Reflections**

While the multiple criminal justice perspectives on the data are informative, local victim information was not captured in this report. Further data and sources should be investigated for information pertaining to the number and characteristics of victims, and circumstances of robbery.

The local data on the number of filings, bookings, convictions, and probation of robbery offenders in 2001 should not be interpreted longitudinally. Each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

<sup>&</sup>lt;sup>1</sup> Federal Bureau of Investigation (FBI). (2002). *Crime in the United States: 2001.* Washington, DC: FBI. Retrieved March 16, 2003 from http://www.fbi.gov/ucr/01cius.htm.

<sup>&</sup>lt;sup>2</sup> Rennison, C. (2001). *Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000*. Retrieved March 16, 2003 from http://www.ojp.usdoj.gov/bjs/pub/pdf/cv00.pdf.

<sup>&</sup>lt;sup>3</sup> Finkelhor, D. & Ormrod, R. (2000). *Characteristics of Crimes Against Juveniles*. Washington, DC: Office of Juvenile Justice and Delinquency Programs.

# **Suicide**



Suicide is the act of taking one's own life voluntarily and intentionally. It is also known as self-murder.

Suicide is a serious public health problem that has a devastating effect on individuals, families, and communities. According to the National Center for Health Statistics<sup>1</sup>, suicide took the lives of 29,350 Americans in 2000 — about 1.8 times the number of deaths caused by homicide that year. In addition, suicide is the eleventh-leading cause of death for

all Americans and the third-leading cause of death for young people ages 10 to 24<sup>1</sup>. In 1999, nearly 3 of every 5 suicides (57%) were committed with a firearm<sup>2</sup>.



# **Summary of National Findings**

# **Demographics**

Rates of suicide vary by gender, ethnicity, and geography. For example, males are four times more likely to die from suicide than are females<sup>2</sup>. However, females are more likely to attempt suicide than are males<sup>2</sup>. In 1999, White males accounted for 72% of all suicides. Together, White males and White females accounted for more than 90% of all suicides<sup>2</sup>. However, during the period from 1979 to 1992, suicide rates for Native Americans (a category that includes American Indians and Alaska Natives) were about 1.5 times the national rates. There was a disproportionate number of suicides among young male Native Americans during this period, as males ages 15 to 24 accounted for 64% of all suicides by Native Americans<sup>2</sup>. Suicide rates are generally higher than the national average in the western states and lower in the eastern and midwestern states<sup>2</sup>.

#### Suicide Among the Elderly

According to the National Center for Injury Prevention and Control (NCIPC)<sup>2</sup>, suicide rates increase with age and are highest among Americans ages 65 and older. In particular among older Americans, men accounted for 84% of suicides among persons ages 65 years and older in 1999<sup>2</sup>. The 10-year period between 1980 and 1990 was the first decade since the 1940s that the suicide rate for older residents rose instead of declined<sup>2</sup>. From 1980 to 1998, the largest relative increases in suicide rates occurred among those aged 80 to 84. The rate for men in this age group increased 17% (from 43.5 per 100,000 to 52.0)<sup>2</sup>.

Risk factors for suicide among older persons differ from those among the young. Older persons have a higher prevalence of social isolation and depression, and a greater use of highly lethal methods. They also make fewer attempts per completed suicide, have a higher male-to-female ratio than other groups, have often visited a healthcare provider before their suicide, and have more physical illnesses<sup>2</sup>.

Firearms were the most common method of suicide by both males and females 65 years old and older in 1998, accounting for 78.5% of male and 35.0% of female suicides in that age group<sup>2</sup>.

Suicide rates among the elderly are highest for those who are divorced or widowed. In 1992, the rate for divorced or widowed men in this age group was 2.7 times than for married men, 1.4 times than for never-

married men, and more than 17 times than for married women. The rate for divorced or widowed women was 1.8 times than for married women and 1.4 times than for never-married women<sup>2</sup>.

# Suicide Among Youth

Persons under age 25 accounted for 14% of all suicides in 1999<sup>2</sup>. For young people 15 to 24 years old, suicide was the third-leading cause of death, behind unintentional injury and homicide. In 1999, more teenagers and young adults died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined<sup>2</sup>.

From 1952 to 1995, the incidence of suicide among adolescents and young adults nearly tripled. From 1980 to 1997, the rate of suicide among persons ages 15 to 19 increased by 11% and among persons ages 10 to 14 by 109%. Although suicide among young children is a rare event, the dramatic increase in the rate among those aged 10 to 14 underscores the urgent need for intensifying efforts to prevent suicide among persons in this age group<sup>2</sup>.

The risk for suicide among young people is greatest among young White males. However, from 1980 through 1995, suicide rates increased most rapidly among young Black males. In particular, from 1980 to 1996 the rate increased 105% for African American males ages 15 to 19<sup>2</sup>.

Among persons aged 15 to 19, firearm-related suicides accounted for more than 60% of the increase in the overall rate of suicide from 1980 to 1997<sup>2</sup>.

During a seven-year study of school-associated violent deaths initiated at the beginning of the 1992 school year, researchers confirmed an average of 1 student suicide every 31 school days. Suicide rates were higher during the spring semester<sup>3</sup>.



# **Healthy People 2010 Objective**

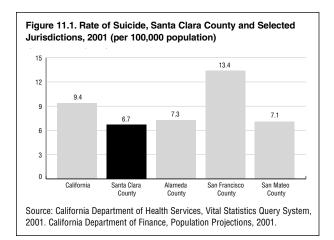
The Healthy People 2010 injury-related objective for suicide is to reduce the suicide rate to 5.0 suicides per 100,000 population (Objective 18-1).

Santa Clara County	State	Nation	Target
6.7	9.4	10.7*	5.0

<sup>\*2000</sup> data was the latest year available.

Although the suicide rate for Santa Clara County (6.7 per 100,000 population) was lower than the state and nation's rate of suicide (9.4 and 10.7 per 100,000 population respectively), the County has not achieved the Healthy People 2010 Objective (5.0).

Figure 11.1 also shows that when compared to neighboring counties, the rate of suicide in Santa Clara County was among the lowest. Most notably, the Santa Clara County rate was half that of San Francisco County.



The Healthy People 2010 injury-related objective for suicide attempts in youth is to reduce the rate of suicide attempts by adolescents to a 12-month average of 1 percent (Objective 18-2).

Santa Clara County	State	Nation	Target
8.6	Not Available	8.8	1.0

The rate of Santa Clara County adolescent high school students reporting that they have attempted suicide in the past 12 months was much higher (8.6%) than the Healthy People 2010 Objective (1%). While California data was not available, youth in Santa Clara County responded almost the same as youth in the rest of the nation.



# **Santa Clara County Data**

Suicide data for Santa Clara County were compiled from the Vital Statistics Death Records. Death records are classified according to the International Classification of Diseases, tenth revision. All occurrences of suicide in Santa Clara County were abstracted (using ICD-10 codes X-60-X84, Y87.0).

Table 11.1. Rate of Suicide by Demographics, Santa Clara County, 2001

Total	117	100%
Male	87	74%
Female	30	26%
White	83	71%
Hispanic (all races)	17	15%
African American	3	2%
Asian/Pacific Islander	14	12%
Ages 5-14	1	<1%
Ages 15-24	7	6%
Ages 25-34	26	22%
Ages 35-44	17	15%
Ages 45-54	21	18%
Ages 55-64	17	15%
Ages 65-74	13	11%
Ages 75-84	8	7%
Ages ≥85	7	6%

As shown in Table 11.1, there were 117 suicides in Santa Clara County in 2001. Males accounted for three-fourths of all suicides (87). Of the 117 suicides, 38% (44) were committed with a firearm (data not shown). Thirty-eight percent (45) of suicides were among persons ages 55 years and older.

Source: California Department of Health Services, Vital Statistics

Section, Death Records, 2001

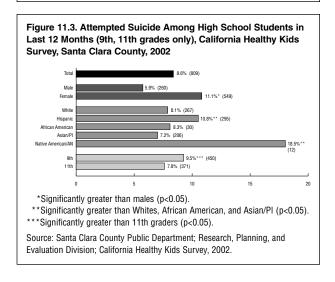
# California Healthy Kids Survey Data, Thoughts, Plans, and Attempts at Suicide

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department, in collaboration with local school districts, administered the California Healthy Kids Survey (CHKS) to more than 16,000 7th, 9th, and 11th-graders in Santa Clara County. This survey is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States. Below are the results of three questions on the CHKS about suicide. Note that tests for significant differences between gender, ethnic, and grade-level subgroups were conducted by comparing the highest subgroup with each of the other subgroups. Included here are results of three questions asked through the CHKS around the topic of suicide.

As shown in Figure 11.2, 20.6% of all students (7th, 9th and 11th grade) reported that they had ever seriously thought of committing suicide. Female students reported significantly more often than males that they had ever seriously thought of committing suicide, 25.2% vs. 15.3% respectively. This pattern of higher prevalence of ever seriously thinking of committing suicide by females was consistent across all grades and race/ethnicity groups (data not shown). Hispanic (21.7%) students reported the highest prevalence of ever seriously thinking of committing suicide, but all racial groups reported similarly to this question, at about 20%. Seventh-grade (22%) students were more likely than 9th (20.2%) and 11th-grade (19.5%) students to report that they had ever seriously thought of committing suicide. However, the prevalence across grades was similar.

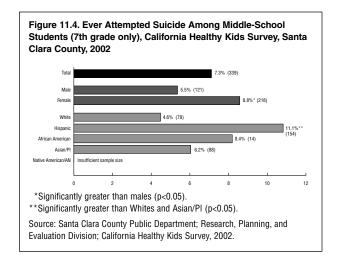
As shown in Figure 11.3, 8.6% of high school respondents (9th and 11th grades only) reported that they had attempted suicide in the last 12 months. Female high school students reported significantly more often than males that they had attempted suicide in the past 12 months, 11.1% vs. 5.9% respectively. Although not shown in Figure 11.3, it is notable that this pattern of

Figure 11.2. Ever Seriously Thought of Committing Suicide (7th, 9th, 11th Grades), California Healthy Kids Survey, Santa Clara County, 2002 20.6% (2,891) 15.3% (1.015) Female White 19.8% (984) 21.7%\*\* (899) African America 18.4% (96) Asian/P 20.8% (887) 22%\*\*\* (1.039) 20.2% (953) 11th 19.5% (921) \*Significantly greater than males (p<0.05). \*\*Significantly greater than Whites (p<0.05). \*\*\*Significantly greater than 9th and 11th graders (p<0.05). Source: Santa Clara County Public Department; Research, Planning, and Evaluation Division; California Healthy Kids Survey, 2002.



higher prevalence of attempted suicide by females was consistent across both grades and most race/ ethnicity groups. However, among African American students, there was no significant difference between

the prevalence of attempted suicide among males and females. It is also important to note that Native American students were significantly more likely than members of other groups (except Hispanics) to have attempted suicide in the past 12 months. Ninth-grade (9.5%) students were significantly more likely than 11th-grade (7.8%) students to have attempted suicide in the past 12 months.



Overall, 7.3% of middle school respondents (7th-grade only) reported that they had ever attempted suicide. Notably, as shown in Figure 11.4, female middle-school students reported significantly more often than males that they had attempted suicide, 8.8% vs. 5.5% respectively. Additionally, Hispanic (11.1%) middle-school students were more likely than Whites and Asian/Pacific Islanders to report an attempted suicide. Although not shown in Figure 11.4, among Hispanic students, females (14.0%) were significantly more likely than males (7.9%) to report attempted suicide. Similarly, among White students, females (5.7%) reported that they have attempted suicide more often then males (3.4%).



# **Data Reflections**

Though mortality (death) records provide the number of completed suicides, they do not give us enough information about the number of suicide attempts. The CHKS was utilized to gain understanding of suicide in youth. However, data are limited for suicide attempts and risk factors in adults for Santa Clara County. To shed further light on the circumstances of suicide in Santa Clara County, the Public Health Department is developing a Violent Death Reporting System (VDRS), which is modeled on Harvard University's National Violent Injury Statistics System (NVISS). This system will link data from multiple sources. In the case of suicide, data will be drawn from Death Certificates, Medical Examiner-Coroner reports, and Crime Lab reports (if applicable and available).

<sup>1</sup> National Center for Health Statistics. (2002). Faststats A to Z: Suicide. Retrieved March 12, 2003 from http://www.cdc.gov/nchs/fastats/suicide.htm.

<sup>&</sup>lt;sup>2</sup> NCHS National Vital Statistics System for numbers of deaths, U.S. Bureau of Census for population estimates. (2003). Statistics compiled using WISQARSTM produced by the Office of Statistics and Programming, NCIPC, CDC.

<sup>3</sup> Centers for Disease Control and Prevention (CDC). (2001). Temporal Variations in School-Associated Student Homicide and Suicide Events — United States, 1992-1999. Morbidity and Mortality Weekly Report, 50(31): 657-660.

# Crimes against Children: Maltreatment and Abduction

# **Child Maltreatment**

Crimes against children place a heavy burden on our society. Every year more than 800,000 children are the victims of non-fatal maltreatment. The estimated annual *direct costs* of child abuse and neglect in the U.S., which are associated with the immediate needs of victims, are in excess of \$24 billion <sup>1</sup>. This sum includes the estimated costs of hospitalization, treatment of related chronic health problems, mental health treatment, child welfare, law enforcement services, and judicial system services. The estimated annual *indirect costs*, which are associated with long-term and/or secondary effects of abuse and neglect, are estimated in excess of \$94 billion. Indirect costs include special education, ongoing mental health and healthcare, and lost productivity to society. In addition, juvenile delinquency and adult criminality can be linked to child maltreatment.

The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of the Department of Health and Human Services (HHS) to establish a national data collection and analysis program to make available state child abuse and neglect reporting information. The Department's Children's Bureau, Administration on Children, Youth and Families (ACYF), responded by establishing the National Child Abuse and Neglect Data System (NCANDS) as a voluntary national reporting system. In 1992, the Department produced its first NCANDS report based on data from 1990. In 1996, the Act was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of the Department to provide specific data, to the extent practical, on children who had been maltreated<sup>2</sup>.



# **Summary of National Findings**

The latest NCANDS report, *Child Maltreatment 2000*<sup>2</sup>, includes national data about child abuse and neglect known to Child Protective Services (CPS) agencies in the United States in 2000. Thirty-four states (more than ever before) submitted data to HHS for 2000. Collectively, the populations of these states account for 78.1% of the child population in the United States. A summary of the data from this report<sup>2</sup> (below) provide key insights.

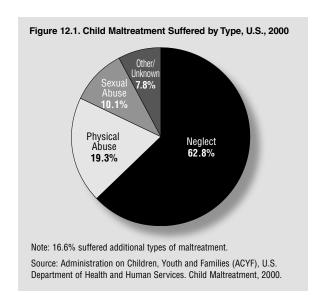


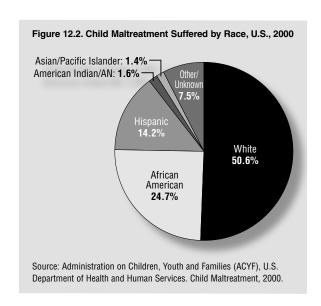
The National Center for Injury Prevention and Control<sup>3</sup> defines **child** 

maltreatment as encompassing "physical abuse, neglect, (physical, education, emotional, and/or medical), sexual abuse, emotional abuse (psychological/verbal abuse, mental injury), and other types of maltreatment, such as abandonment, exploitation, and/or threats to harm the child."

#### **Child Maltreatment Victims**

Nationally, an estimated 879,000 children were victims of abuse and neglect in 2000. The 2000 victimization rate increased slightly from the previous year to 12.2 per 1,000 children, but it was still at the second-lowest level in the past decade. It is not possible to tell whether this year's small increase indicates a trend until more data are collected. The rates of abuse and neglect documented for 2000 show that victims suffering from neglect, including medical neglect, represented the highest type of abuse (62.8%). (See Figure 12.1).





Children ages birth to 3 years old had the highest victimization rate at 15.7 victims per 1,000 children. Victimization rates declined as age increased. With respect to gender, rates were similar for male and female victims (11.2 and 12.8 respectively), except for victims of sexual abuse. The rate for sexual abuse was 1.7 victims per 1,000 female children compared to 0.4 victims per 1,000 male children.

Children who were White had the highest incidents of victimization (50.6%), followed by children who were African American (24.7%). (See Figure 12.2).

Children who had been victimized in a prior year were more than three times as likely to experience recurrence compared to children without a history of victimization<sup>2</sup>.

#### Referrals and Reports

Each week CPS agencies across the United States received more than 50,000 referrals (also called reports) in 2000 alleging that children had been abused or neglected. Almost two-thirds of referrals were screened in by CPS agencies because they were deemed appropriate for investigation or assessment. Nationally, 61.7% of all referrals (approximately 1,726,000) were screened in and 38.3% (approximately 1,070,000) were screened out. Professionals submitted more than half (56.1%) of the screened-in referrals. Non-professional report sources, which include family and community members, submitted the remaining 43.9% of screened-in referrals.

The average response time from submission of the report to investigation was 54 hours. More than half (58.4%) of the investigations or assessments found the alleged maltreatment to be "unsubstantiated"<sup>2</sup>. More than a quarter of investigations found the alleged maltreatment to be "substantiated" (28.0%). The remainder were either "indicated" (3.4%) or "alternative response-victim" (1.0%) disposition, meaning that at least one child involved in the investigation was determined to be a victim.

#### **Perpetrators**



A **perpetrator of child abuse** or neglect is defined as the person

who has maltreated a child while in a caretaker relationship with that child<sup>2</sup>.

Most perpetrators of child maltreatment were female<sup>2</sup>. Females comprised 59.9% of all perpetrators and males comprised 40.1%. Female perpetrators were typically younger than male perpetrators with 41.9% of females (compared to 31.6% of males) younger than 30 years old.

The most common pattern of maltreatment (40%) was a child victimized by a "Female Parent [biological, adoptive, or step-parent] Acting

Alone." At least one parent was the perpetrator for 83.3% of victims. A "Female Parent Acting Alone" was most commonly responsible for neglect (46.9%) and physical abuse (32.1%) of victims. A "Male Parent Acting Alone" was responsible for 21.5% of sexual abuse victims.

# The Relationship Between Child Abuse and Domestic Violence

Violence against mothers by their intimate partners is a serious risk factor for child abuse. Likewise, abuse against children is a serious risk factor for abuse against their mothers<sup>4,5,6</sup>. The four most rigorous studies of the co-occurrence of domestic violence and child abuse have described co-occurrence rates of approximately 50%<sup>4,5,7,8,9</sup>. Men who are physically violent toward their partners are also likely to be sexually violent toward their partners and are likely to use violence toward children<sup>9,10</sup>. Witnessing intimate partner violence as a child or adolescent, or experiencing violence from caregivers as a child, increases one's risk of both perpetrating intimate partner violence and becoming a victim of intimate partner violence<sup>9,10</sup>. Refer also to Chapter 8: Intimate Partner Violence.

# **Fatalities**

An estimated 1,200 children in the U.S. died of abuse or neglect in 2000 — a rate of 1.71 children per 100,000 children in the population<sup>2</sup>. Approximately 2.7% of child fatalities occurred in foster care<sup>2</sup>. Children younger than 1 year old accounted for 43.7% of fatalities and children under age 6 accounted for 85.1% of fatalities<sup>2</sup>.

A "Female Parent Acting Alone" was responsible for 30.2% of fatalities<sup>2</sup>. In 2001, 37 children were killed by their babysitters<sup>11</sup>.

# **Abduction**

Kidnapping, also known as child abduction, can be committed by strangers, acquaintances, romantic partners, and parents and other relatives. According to the FBI's National Crime Information Center (NCIC), 85% to 90% of the 876,213 persons reported missing to law enforcement agencies nationwide in 2000 were juveniles (under age 18)<sup>12</sup>.



According to the Office of Juvenile Justice and Delinquency Prevention

(OJJDP), **kidnapping** "occurs whenever a person is taken or detained against his or her will and includes hostage situations, whether or not the victim is moved <sup>13</sup>."

DV

There is a notable absence of reliable statistics on kidnapping. It is not one of the crimes included in the FBI's Uniform Crime Reporting (UCR) Program or the National Crime Victimization Survey (NCVS). Individual state and local jurisdictions have rarely made independent counts of kidnapping statistics available and national efforts to collect abduction data have been limited in scope and/or time.\* However, a comprehensive national database on kidnapping and other crimes is being developed through the FBI and Bureau of Justice Statistics National Incident-Based Reporting System (NIBRS).

Analysis of data on the 1,214 child abductions that occurred in jurisdictions in the 12 states that participated in NIBRS in 1997<sup>15</sup> revealed that kidnappings comprise 1.5% of all violent crimes against juveniles. Based on the identity of the perpetrator, there are three distinct types of kidnapping. "Family kidnapping" by a relative of the victim accounted for 49% of cases, "acquaintance kidnapping" by an acquaintance of the victim accounted for 27% of cases, and "stranger kidnapping" by a stranger to the victim accounted for 24% of cases.

**Family Kidnapping** is committed primarily by parents and most often originates in the home. Family kidnapping also involves a larger percentage of female perpetrators (43%) than other types of kidnapping offenses and equally victimizes juveniles of both sexes, although occurs more frequently to children under 6.

**Acquaintance Kidnapping,** in contrast, involves a comparatively high percentage of juvenile perpetrators (such as current and former intimate partners, gang members) and has the largest percentage of female and teenage victims. Acquaintance kidnapping is more often associated with other crimes (especially sexual and physical assault) and tends to occur at homes and residences. It has the highest percentage of injured victims.

**Stranger Kidnapping** victimizes more females than males and occurs primarily at outdoor locations. Stranger kidnapping victimizes both teenagers and school-age children alike. It is also associated with sexual assaults in the case of girl victims and robberies in the case of boy victims (although not exclusively). Stranger kidnapping is the type of kidnapping most likely to involve the use of a firearm.

Contrary to popular belief, relatively little juvenile kidnapping involves weapons. Approximately 14% of acquaintance kidnapping and 23% of stranger kidnapping involved the use of weapons and mostly guns. Less than 2% of family kidnappings involved weapons.

Forty-one percent of all kidnappings in NIBRS jurisdictions occurred between noon and 6 p.m. Acquaintance (46%) and stranger (41%) kidnapping were more likely than family (30%) kidnapping to occur in the evening (6 p.m. to midnight) or nighttime (midnight to 6 a.m.).

<sup>\*</sup>It is not clear how systematic agencies are in their recording of kidnapping, both since it is not included in UCR data and since jurisdictions may vary with respect to how regularly they charge offenders with this crime. The elements of kidnapping exist in many other crimes, including sexual assaults, robbery, and physical assaults, and due to training, tradition, or local statues, some jurisdictions may charge or record kidnapping more or less frequently than others<sup>1</sup>.



# **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for child maltreatment is to reduce maltreatment of children to 11.1 per 1,000 children under age 18 (Objective 15-33).

Santa Clara County	State	Nation	Target
7.2 <sup>14</sup>	12.3 <sup>12</sup>	12.4 <sup>15</sup>	11.1

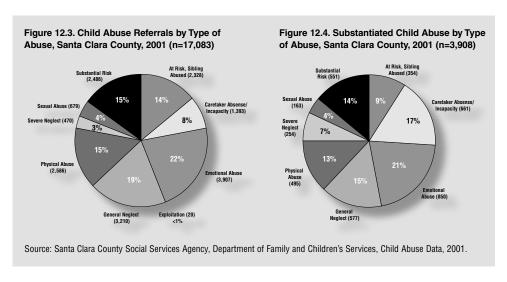
The rate of child maltreatment in Santa Clara County was lower than the national and state rates. Santa Clara County was among the 10 counties with the lowest child maltreatment rates in California. Note that the data reflect the rate of substantiated child maltreatment.



# **Santa Clara County Data**

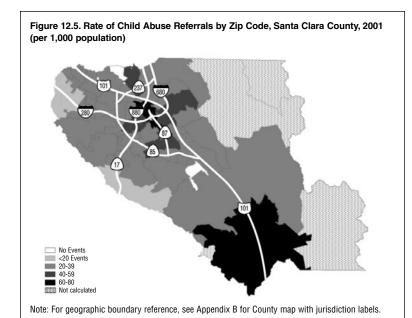
#### Child Abuse Service Data, Referrals for Child Abuse

In Santa Clara
County in 2001,
there were a total
of 17,077 allegations of child abuse
reported to the
Santa Clara County
Social Services
Agency. This is an
estimated overall
rate of 36.3 referrals
per 1,000 children
under 18. Of these
reports, 23% of the



child maltreatment referrals were substantiated, resulting in a rate of 7.2 substantiated maltreatment cases per 1,000 children under 18.

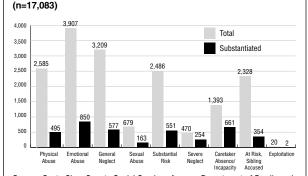
Figures 12.3 and 12.4 show the type of child maltreatment for reports and substantiated cases. Emotional abuse, general neglect, and physical abuse were the most common types of abuse. Together they comprised more than 50% of all cases.



Source: Santa Clara County Social Services Agency, Department of Family and Children's Services,

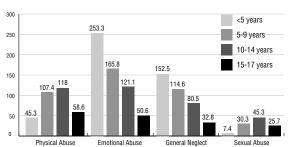
Figure 12.6. Number of Child Abuse Referrals vs. Substantiated Child Abuse Cases by Type of Abuse, Santa Clara County, 2001

Child Abuse Data, 2001



Source: Santa Clara County Social Services Agency, Department of Family and Children's Services. Child Abuse Data, 2001

Figure 12.7. Rate of Substantiated Child Abuse by Age and Selected Type of Abuse, Santa Clara County, 2001 (per 100,000 population) (n=3,908)



Source: Santa Clara County Social Services Agency, Department of Family and Children's Services, Child Abuse Data, 2001

The rate of child abuse referrals for 2001 was calculated and mapped for each zip code in Santa Clara County (see Figure 12.5). Some areas of South County (Gilroy, San Martin, and unincorporated areas) and Central San Jose contain zip codes with more than 60 child abuse referrals per 1,000 population. The majority of Santa Clara County consists of zip codes that have a rate of 20-39 child abuse referrals per 1,000 population.

Rates were not calculated for abuse in zip codes designated for P.O. Boxes or if no population numbers were available in that zip code (61), abuse in out-of-county zip codes<sup>†</sup> (189), abuse in unknown zip codes

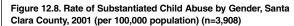
(418), or abuse in missing zip codes (1). Rates were also not calculated for zip codes that are rural and/or shared with another county (specifically, 95076 in Santa Cruz County, 95023 in San Benito County, and 94550 in Stanislaus County).

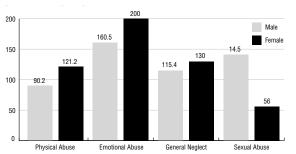
# Child Abuse Service Data, Substantiated Child Abuse

The percentage of substantiated child abuse referrals differed by referral type. The highest percentages substantiated were for severe neglect (54%) and caretaker incapacity/absence (47%). The lowest percentages substantiated were for "at risk, sibling abused" (15%) and exploitation (10%) referrals. Figure 12.6 provides a breakdown of all referrals.

The rates of child abuse in Santa Clara County differed by age, as seen in Figure 12.7. The rates of physical abuse referrals were lowest for children under 5 and highest in children between 10 and 14 years old. For emotional abuse and neglect, the referral rates were highest for children under 5 and lowest for youth over 15. The rates of alleged sex-

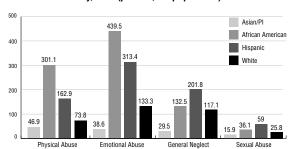
†Sometimes child abuse occurs in Santa Clara County, but the victim's permanent residence is out of the area (another county or state).





Source: Santa Clara County Social Services Agency, Department of Family and Children's Services. Child Abuse Data. 2001

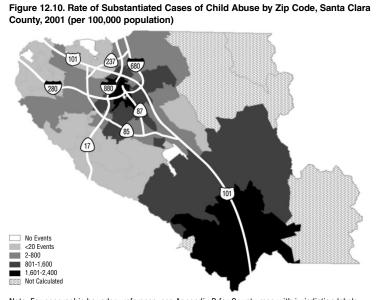
Figure 12.9. Rate of Substantiated Child Abuse by Race/Ethnicity, Santa Clara County, 2001 (per 100,000 population)



Note: Although there were referrals of abuse from the Native American/Alaskan Native population, the number of cases was too small to calculate a rate.

Source: Santa Clara County Social Services Agency, Department of Family and Children's Services, Child Abuse Data, 2001

Children's Services, Child Abuse Data, 2001 San Jose



Note: For geographic boundary reference, see Appendix B for County map with jurisdiction labels. Source: Santa Clara County Social Services Agency, Department of Family and Children's Services, Child Abuse Data, 2001

The rates of child abuse referrals involving female children were higher for sexual abuse, physical abuse, emotional abuse, and general neglect than for male children (see Figure 12.8).

For most types of abuse, referral rates were highest for African American children and lower for Hispanics, Asian/Pacific Islanders and Whites (see Figure 12.9). In the sexual abuse category, rates were highest for Hispanic children.

The rate of substantiated child abuse for 2001 was calculated and mapped for each zip code in Santa Clara County (see Figure 12.10). The areas of the highest substantiated child abuse rates (more than 16 cases per 1,000 population) were in South County (Gilroy, San Martin, and unincorporated areas) and Central San Jose. The next-highest substantiated child abuse rates (8 to 16 per 1,000 population) were in parts of South County (Morgan Hill and unincorporated areas), areas of San Jose (including some neighborhoods of Santa

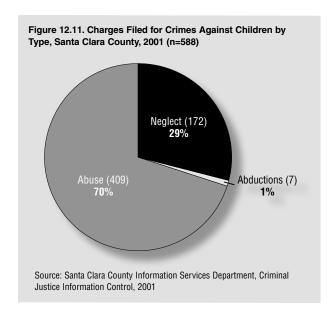
Teresa, Cambrian, Willow Glen, North Valley, East Valley, Central and South San Jose, and Burbank/ unincorporated areas), and some neighborhoods of Campbell.

Rates were not calculated for abuse in zip codes designated for P.O. Boxes or if no population numbers were available in that zip code (26), abuse in out-of-county zip codes<sup>‡</sup> (48), or abuse in unknown zip codes (174). Rates were also not calculated for zip codes that are rural and/or shared with another county (specifically, 95076 in Santa Cruz County, 95023 in San Benito County, and 94550 in Stanislaus County).

ual abuse were highest among children in the age groups 5 to 9 years old and 10 to 14 years old.

<sup>‡</sup> Sometimes child abuse occurs in Santa Clara County but the victim's permanent residence is out of the area (another county or state).

#### Criminal Justice Information Control Data, Child Maltreatment and Abduction Offenders



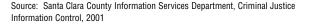
In Santa Clara County, law enforcement agencies report offender information for criminal child abuse, neglect, and abduction (see specific penal codes in Appendix A). Figure 12.11 shows the breakdown of crimes against children by crime type.

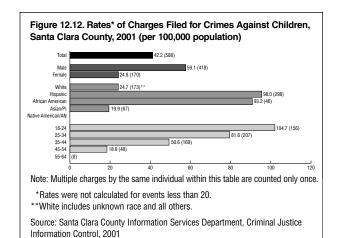
In 2001, there were 532 suspects booked for crimes against children in Santa Clara County (see Table 12.1). Of those booked for a crime against a child, 32% were female. The proportion of females booked for crimes against children is higher than the proportion of women booked for other crimes reviewed in this report. Nearly half of the persons booked were Hispanic and nearly 35% were White. More than 50% of persons

booked for a crime against a child were between 18 and 35 years old. Nearly 40% of those booked were between 35 and 44 years old.

Table 12.1. Suspects Booked for Crimes Against Children by Demographics, Santa Clara County, 2001

Total	532	100%
Male	360	68%
Female	172	32%
White	181	34%
Hispanic	259	49%
African American	37	7%
Asian/Pacific Islander	53	10%
Native American/AN	2	0%
Ages 18-24	144	27%
Ages 25-34	152	29%
Ages 35-44	196	37%
Ages 45-54	33	6%
Ages 55-64	7	1%





The overall rate of charges filed for crimes against children was 42.2 offenses per 100,000 residents. The rates for charges filed against female suspects were nearly half that of male suspects, although comparatively higher than other crimes presented in this report. The rate of charges filed was highest in 18 to 24year-old residents (see Figure 12.2).

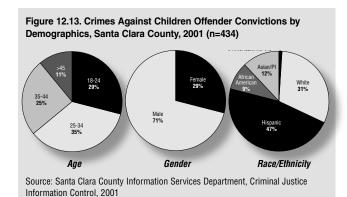


Table 12.2. Crimes Against Children Offenders on Probation by Demographics, Santa Clara County, 2001

Tot al	176	100%
Male	123	70%
Female	53	30%
White	60	34%
Hispanic	78	44%
African American	15	9%
Asian/Pacific Islander	22	13%
Native American/AN	1	1%
Ages 18-24	28	16%
Ages 25-34	67	38%
Ages 35-44	64	36%
Ages 45-54	13	7%
Ages 55-64	3	2%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001



# **Data Reflections**

Due to mandatory child abuse reporting regulations, data provided by Child Welfare Services of the Social Services Agency (SSA) provide a detailed picture of the kinds of child maltreatment that occur in Santa

Clara County. Data on victims of child abduction, however, remains unavailable.

Criminal justice data provide information on child neglect, abuse, and abduction offenders, but the data cannot currently be linked to SSA victim and incident data to provide a more complete picture of the criminal justice outcomes of child maltreatment events. In addition, it is important to note that the local data on number of filings, bookings, convictions, and probation of child maltreatment or abduction offenders should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

There were a total of 434 offenders convicted for a crime against a child in 2001. Of those, about 70% were male and 30% were female. Nearly 50% of convicted offenders were Hispanic and 30% were White (see Figure 12.13).

There were 176 offenders on probation for a crime against a child in 2001. Thirty percent of those on probation were female. About 13% of offenders on probation were Asian/Pacific Islander. More than 90% were 44 years old or younger (see Table 12.2).

- <sup>1</sup> Fromm, S. (2001). *Total Estimated Cost of Child Abuse and Neglect in America*. Chicago: Prevent Child Abuse America. Retrieved March 12, 2003 from http://www.preventchildabuse.org/learn\_more/research\_docs/cost\_analysis.pdf.
- Administration on Children, Youth and Families (ACYF), US Department of Health and Human Services. (2002). Child Maltreatment 2000. Washington, DC: U.S. Government Printing Office. Retrieved March 12, 2003 from http://www.acf.hhs.gov/programs/cb/publications/cm00/.
- National Center for Injury Prevention and Control (NCIPC). (2003a). April is Prevent Child Abuse Month. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/dvp/youth/childmaltreatment.htm.
- <sup>4</sup> National Center for Injury Prevention and Control (NCIPC). (1999). The Co-occurrence of Intimate Partner Violence Against Mothers and Abuse of Children. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/dvcan.htm.
- <sup>5</sup> McKibben L., DeVos, E. & Newberger E. (1989). Victimization of Mothers of Abused Children: A Controlled Study. *Pediatrics*, 84: 531-535.
- <sup>6</sup> Stark E. & Flitcraft, A. (1991). Spouse Abuse. *In Violence in America: a Public Health Approach*, Oxford: Oxford University Press.
- <sup>7</sup> Ross, S. (1996). Risk of Physical Abuse to Children of Spouse Abusing Parents. *Child Abuse and Neglect*, 20: 589-598.
- <sup>8</sup> Straus M., Gelles R.J. & Steinmetz, S.K. (1980). Behind Closed Doors: Violence in the American Family. New York: Doubleday/Anchor.
- 9 Straus M. & Gelles, R.J. (1990). Physical violence in American families: Risk Factors and adaptations to violence in 8,145 families. New Brunswick, NJ: Transaction Publishers.
- <sup>10</sup>National Center for Injury Prevention and Control (NCIPC). (2003b). *Intimate Partner Violence Fact Sheet*. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm.
- 11Federal Bureau of Investigation (FBI), (2002). Crime in the United States 2001. Retrieved March 16, 2003 from http://www.fbi.gov/ucr/cius 01/01crime.pdf.
- 12 KlaasKids Foundation for Children. (2002). Missing Child Statistics. Retrieved March 12, 2003 from http://www.klaaskids.org/pg-mc-mcstatistics.htm.
- <sup>13</sup>Finkelhor, D. & Ormrod, R. (2000). Kidnapping of Juveniles: Patterns from NIBRS. Washington, DC: Office of Juvenile Justice and Delinquency Programs. Retrieved March 17, 2003 from http://www.ncjrs.org/pdffiles1/ojjdp/181161.pdf.
- <sup>14</sup>Needell, B., Webster, D., Cuccaro-Alamin, S., Armijo, M., Lee, S., Brookhart, A., Lery, B., Shaw, T., Dawson, W., Piccus, W., Magruder, J., & Kim, H. (2003). *Child Welfare Services Reports for California*. Retrieved July 15, 2003, from http://cssr.berkeley.edu/CWSCMSreports/.
- 15U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2003). Child Maltreatment 2001. Washington, DC: U.S. Government Printing Office.

# **Elder and Dependent Adult Abuse**

The U.S. has 44 million elders (ages 60 or older) and 34 million people with disabilities <sup>1</sup>. Federal definitions of elder abuse, neglect, and exploitation were first introduced in the 1987 Amendments to the Older Americans Act. These definitions were provided only as guidelines for identifying the problems and not for enforcement purposes. Currently, state laws define elder abuse and state definitions vary considerably from one jurisdiction to another with respect to both how elderly are identified and what constitutes the abuse, neglect, or exploitation of such persons. In addition, researchers have used many different definitions when studying these problems <sup>1,2</sup>.

In most states, the Adult Protective Services (APS) agency, typically located within the human service agency, is the principal public agency responsible for both investigating reported cases of elder abuse and providing victims and their families with treatment and protective services. Although most APS agencies also handle adult abuse cases (where clients are between 18 and 59 years old), nearly 70% of their caseloads involve elder abuse, which APS defines as abuse of persons ages 60 and older\*. Many other organizations are also involved in efforts to protect elders from maltreatment. These include law enforcement and criminal justice agencies, hospitals and the medical system, the medical examiner/coroner's office, the state longterm care ombudsman's office, the public health agency, the mental health agency, and private organizations<sup>2</sup>. Reporters of elder abuse to APS include healthcare providers and other service providers, family members, friends and neighbors, law enforcement, APS/Aging Workers, caregivers, and elder victims themselves<sup>1</sup>.



The National Center on Elder Abuse  $(NCEA)^2$  identifies three basic categories of elder abuse:

- Domestic elder abuse generally refers to any of several forms of maltreatment of an older person living at home (in a private, non-institutional setting) by someone who has a special relationship with the elder (e.g., a spouse, a sibling, a child, a friend, or a caregiver in the older person's own home or in the home of a caregiver).
- **Institutional abuse** refers to abuse that occurs in residential facilities for older persons (e.g., nursing homes, foster homes, group homes, or board and care facilities). Perpetrators of institutional abuse usually are persons who have a legal or contractual obligation to provide elders with care and protection (e.g., paid caregivers, staff, or other professionals).
- Self-neglect or self-abuse is characterized as the behavior of an elderly person that threatens his/her own health or safety. It generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. However, the definition excludes a situation in which a mentally competent older person, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice. Self-neglect or self-abuse may occur in a domestic or institutional setting.

<sup>\*</sup>Local jurisdictions may define an elder differently; see the discussion of Santa Clara County data below.

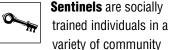


# **Summary of National Findings**

# *Incidence of Domestic Abuse and Neglect*

In the most recent year studied, APS completed 364,512 investigations of maltreatment involving elders living at home (in private, non-institutional settings), according to the National Association of Adult Protective Services Administrators (NAAPSA)<sup>1</sup>. Of those, an estimated 43% were confirmed as instances of maltreatment. The number of domestic incidence elder abuse reports investigated nationwide has increased by more than 150% in the past decade. Among cases of maltreatment in domestic settings, almost 62% involve maltreatment by others and 38% involve self-neglect.

The National Elder Incidence Study Final Report (1998), produced by the National Center on Elder Abuse (NCEA)<sup>3</sup>, addressed the question: What is the incidence of domestic elder abuse and neglect in the U.S. today? To arrive at the most accurate possible estimate of incidence in 1996, researchers collected data from a nationally representative sample of 20 counties in 15 states. They focused on: (1) reports submitted to APS agencies and substantiated as instances of maltreatment by those agencies and (2) reports made by "sentinels."



agencies having frequent contact with the elderly<sup>3</sup>.

The researchers concluded that approximately 450,000 elderly persons in domestic settings were abused and/or neglected during 1996, and when elderly persons who experienced self-neglect were added. the number increased to approximately 551,000 in 1996. They also found that victims of self-neglect are usually depressed, confused or extremely frail<sup>3</sup>.

Additionally, in cases of domestic elder abuse, female elders are abused at a higher rate than males after accounting for their larger proportion in the aging population. Another key finding was that the oldest elders (80 and older) are abused and neglected at two to three times their proportion of the elderly population.

In nearly 90% of elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member and two-thirds of the perpetrators are adult children or spouses. The NAAPSA<sup>1</sup> reported that men were the abusers in more than half of domestic elder abuse cases.

# Incidence of Institutional Abuse and Neglect

In comparison to domestic elder abuse, relatively little is known about the prevalence of institutional elder maltreatment. In recent testimony on elder abuse in residential long-term care settings before the U.S. Senate Committee on Finance, Hawes<sup>4</sup> pointed out that on any given day about 1.6 million people live in approximately 17,000 licensed nursing homes. Further, between 900,000 and 1 million people live in approximately 45,000 residential care facilities. He noted that there is no reliable data on the prevalence of maltreatment in these facilities. There have been local or limited studies of abuse reports from residents, facility staff, Nurse Aide Registries, and Ombudsmen, as well as analyses of several other data sources, but there has never been a systematic nationwide study. However, "the piecemeal evidence we do have suggests the problem is serious and widespread" (p. 2)4.

Residents in long-term care settings are at particular risk for abuse and neglect because they tend to suffer from severe physical and/or mental impairments, which make them dependent on others for assistance with the most basic activities and unable to protect themselves from maltreatment.

# Types of Domestic and Institutional Elder Abuse

Domestic and institutional elder maltreatment can involve self-maltreatment or a variety of forms of maltreatment by others. Forms of maltreatment by others include physical abuse, sexual abuse, emotional or psychological abuse, neglect, abandonment, or financial or material exploitation<sup>2</sup>.



The National Center on Elder Abuse (NCEA) offers the following definitions of abuse types<sup>2</sup>:

- Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain or impairment. It includes, but is not limited to, violent acts such as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching and burning. In addition, it may include the inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind.
- Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes but is not limited to unwanted touching, all types of sexual assault or battery such as rape, sodomy, coerced nudity, and sexually explicit photographing.
- Emotional or psychological abuse is defined as the infliction of anguish, pain or distress through verbal or nonverbal acts. It includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation and harassment. Other examples include treating an elderly person like an infant; isolating an elderly person from his/her family, friends or regular activities; giving an elderly person the "silent treatment"; and enforced social isolation.
- Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. It may include failure of a person who has fiduciary responsibilities to provide care for an elder or failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.
- Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder or by a person with physical custody of an elder.
- Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization/permission; forging an elder's signature; misusing or stealing an elder's money or possessions; coercing or deceiving an elder into signing any document; and the improper use of conservatorship, guardianship, or power of attorney.

Reports of neglect constituted the majority (55%) of domestic elder abuse reports to APS in 1996, according to the NAAPSA<sup>1</sup>. Fifteen percent of reports concerned alleged physical abuse, 12% alleged financial abuse, 8% alleged emotional abuse, and 1% alleged sexual abuse. Nine percent of reports concerned other types of alleged maltreatment.

As mentioned above, depending on the statute of a given state, a particular instance of elder abuse may or may not be a crime. However, most physical, sexual, and financial/material abuses are considered crimes in all states. Depending on the perpetrator's conduct and consequences for the victim, certain emotional abuse and neglect cases are also subject to criminal prosecution. However, self-neglect is not a crime in all jurisdictions<sup>2</sup>.

#### Risk Factors for Elder Abuse

According to the NCEA<sup>2</sup>, in general a combination of psychological, social and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment. Both living with someone else and being socially isolated have been associated with higher elder abuse rates. These seemingly contradictory findings may turn out to be related in that abusers who live with the elder have more opportunity to abuse and yet may be isolated from the larger community themselves or may seek to isolate the elders from others so that the abuse is not discovered.





Spouses make up a large percentage of elder abusers and a substantial percentage of these cases are "domestic violence grown old." Particularly in the case of adult children, abusers often are dependent on their victims for financial assistance, housing, and other forms of support. Often they need this support because of personal problems such as mental illness or alcohol or drug abuse. The risk of elder abuse seems to be particularly high when these adult children live with the elder.

Many theories about elder abuse have been developed but not yet adequately tested. The "caregiver stress" theory holds that well-intentioned caregivers are so overwhelmed by the burden of caring for dependent elders they end up striking out, neglecting or otherwise harming the elder. The "personal characteristics of the elder" theory holds that dementia, disruptive behaviors, problematic personality traits, and significant needs for assistance may all raise an elder's risk of being abused. The "cycle of violence" theory holds that domestic violence is a learned behavior transmitted from one generation to the next. This theory seems well established in cases of domestic violence and child abuse, but no research to date has shown that it is a cause of elder abuse.





A recent World Health Organization Report<sup>5</sup> indicated that abusers are more likely to have mental health and substance abuse problems than caregivers who are not abusive.

In institutional settings, a number of additional factors contribute to cases of elder abuse. These can include low staffing and inadequate staff training<sup>4</sup>.



# **Santa Clara County Data**

#### Reports of Elder and Dependent Adult Abuse



In Santa Clara County, the Social Services Agency, Adult Protective

Services, defines **elder abuse** as abuse of persons ages 65 and older.

In 2001, APS received a total of 1,825 (unduplicated) reports of alleged abuse of elders and dependent adults. The number of reports received for elderly persons was 1,348 (74%) and the number of reports received for dependent adults was 477 (26%). Reports of alleged elder or dependent adult abuse are usually made to the APS office by "mandated reporters."

APS also receives and accepts reports made by "non-mandated" reporters.

Some reports received by APS are "screened out" and are not taken for a variety of reasons (e.g., the person is no longer in the area, the person has died, the report is for a past incident and there are no current issues, or it is not within APS' jurisdiction). After a report is accepted or "screened in," it is assigned to a social worker who must then conduct an investigation of the reported allegation(s). After concluding the investigation, the social worker must then make a determination as to whether the abuse was "confirmed," "inconclusive," or "unfounded." Reports are not necessarily investigated in the same month they are received. APS is required to respond and intervene immediately, 24 hours a day, 7 days a week, to reports of an "imminent danger" or "immediate life threat." Non-emergency reports must be responded to within 10 calendar days of the date the report is received in the APS office.

In 2001, a total of 1,738 investigations of elder and dependent adult abuse were conducted by APS, including 1,313 cases of alleged elder abuse and 425 of alleged dependent adult abuse. Nearly 70% of alleged elder abuse cases and more than 65% of alleged dependent abuse cases were confirmed.

All reports for which the abuse is confirmed become cases and services are offered to the abused person (see exception below). Client acceptance of APS services is voluntary, so if a client with the legal capacity to make the decision refuses APS services, the social worker

must close the case. Some of the reports for which abuse is inconclusive are closed and no services

Of the 1,738 investigations of elder and dependent adult abuse, there were:

- 916 confirmed cases of elder abuse
- 279 confirmed cases of dependent adult abuse
- 181 cases of inconclusive elder abuse
- 79 cases of inconclusive dependent adult abuse
- 216 cases of unfounded elder abuse
- 67 cases of unfounded dependent adult abuse

A mandated reporter is any person who has assumed full or inter-

mittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults and any elder or dependent adult care custodian, health practitioner, or employee of a County adult protective services agency or of a local law enforcement agency.

A **non-mandated reporter** is any person who knows or reasonably suspects that an elder or dependent adult has been the victim of abuse in any place other than a long-term care facility.

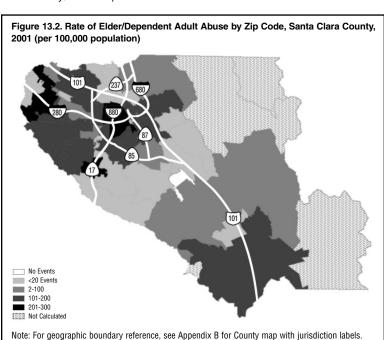
are provided. Others become cases (at the discretion of the social worker after consulting with the supervisor) and services are provided. In 2001, there were 45 elderly cases that were closed after an inconclusive investigation result and 15 dependent adult cases that were closed after an inconclusive investigation result. Unfounded reports of abuse do not become cases, do not receive services, and are simply closed after the social worker completes the investigation.

A report may have one or more allegations of abuse, and the subsequent investigation may confirm fewer or more types of abuse than in the original allegations. In 2001, there were 2,943 incidents of abuse for the 1,738 investigations conducted.

#### Confirmed Incidents of Elder Abuse

In Santa Clara County in 2001, there were 1,136 confirmed incidents of elder abuse. As shown in Figure 13.1, financial abuse was the most common type of abuse by others (34%).\* One quarter of the confirmed incidences of abuse involved neglect, followed by mental suffering (21%) and physical abuse (16%). Of the total confirmed instances of elder abuse by others, 816 involved female victims, more than twice the number of confirmed incidents for male victims (320). The distribution of types of abuse perpetrated against male and female elders was very similar. (Data on gender not shown.)

Figure 13.2 shows the geographic distribution of elder or dependent adult abuse victims' addresses at the time the abuse report was made. In Santa Clara County in 2001, the highest rates were between 201 and 300 per 100,000 (18 and older) population and confirmed incidents occurred in North Los Altos, Downtown and South Palo Alto, Los Gatos/Monte Sereno, Southeast Santa Clara, Downtown San Jose, and the Burbank/unincorporated area of San Jose. The second-highest group with rates between 101 and 200 per 100,000 confirmed incidents occurred in South Los Altos, East Sunnyvale, Campbell, Cupertino, Gilroy, Santa Clara, Saratoga, and the following San Jose neighborhoods: Downtown/Central, Cambrian, Willow Glen, North Valley, and East Valley/unincorporated areas.



Source: Santa Clara County Social Services Agency, Office of Aging & Adult Services, Elder/ Dependent Adult Abuse Data, 2001. Santa Clara County Information Services Department.

Geographic Information Systems Program, Baseline Map. 2003.

Figure 13.1. Incidents of Elder Abuse by Type of Abuse, Santa Clara County, 2001 (n=1,136)

Abandonment: 1% Isolation: 3%

Physical 16% Suffering 21%

Neglect 25%

Financial 34%

\*There were 3 incidents of abduction, data not shown.

Source: Santa Clara County Social Services Agency, Adult Protective Services, 2001

Rates were not calculated for abuse in zip codes designated for P.O. Boxes (2), abuse in out-of-county zip codes (11), abuse in unknown zip codes (4), or abuse in missing zip codes (109). Rates were not calculated for zip codes that are rural and/or shared with another County (specifically, 95076 in Santa Cruz County, 95023 in San Benito County, and 94550 in Stanislaus County).

<sup>\*</sup>Financial abuse is not considered violent. However, because there are often multiple types of abuse reported on an individual and because of limitations of the database, financial abuse could not be excluded.

<sup>†</sup>Sometimes elder/dependent adult abuse occurs in Santa Clara County but the victim's permanent residence is out of the area (another county or state).



**Self-abuse** in general is when a person neglects him/herself and his/her surroundings, placing his/her health and safety at risk because of incompetence, illiteracy, ignorance, mental limitation, substance abuse or poor health.

**Physical neglect self-abuse** is only one aspect of self-abuse and entails not performing activities of daily living (i.e., grooming, bathing, dressing, etc.).

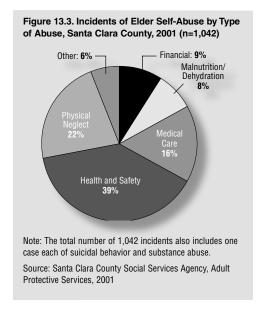
**Health-and-safety self-abuse** is another aspect of self-abuse, which occurs when a person places him/herself at risk (i.e., forgetting the stove is on or to eat, etc.).

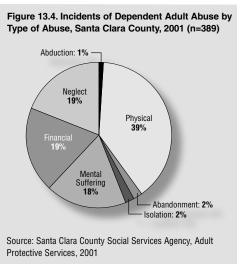
#### Confirmed Incidents of Elder Self-Abuse

In 2001, there were 1,042 confirmed incidents of self-abuse by elders in Santa Clara County. Health-and-safety and physical neglect comprised about two-thirds of the cases (see Figure 13.3)<sup>‡</sup>. Of the total confirmed incidents, 718 involved female elders who committed self-abuse. This was more than twice the number of confirmed incidents of male elders (324) who committed self-abuse. Male and female elders showed similar distributions of the types of self-abuse. (Data on gender not shown.)

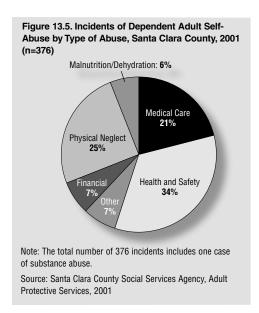
# Confirmed Incidents of Dependent Adult Abuse by Others

In Santa Clara County in 2001, there were 289 confirmed incidents of dependent adult abuse perpetrated by others. As shown in Figure 13.4, physical abuse was the most common type of abuse. Of the total confirmed incidents of abuse by others, 245 (63%) incidents were perpetrated against female victims and 144 (37%) incidents against male victims. Male and female dependent abuse also showed similar distribution by types of abuse, although females were victims of mental suffering (20%) more often than males (15%) and males suffered financial abuse (22%) slightly more often than females (18%). Females constituted the 4 confirmed cases of abduction. (Data on gender not shown).



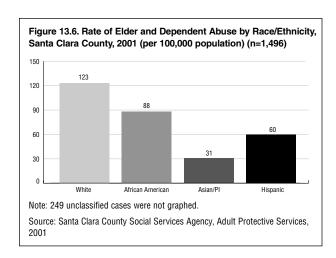


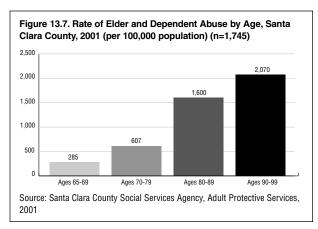
<sup>\$\</sup>displays Most cases APS gets involved with have more than one aspect of self-abuse; see definitions for types of self-abuse.



#### **Confirmed Incidents of Dependent** Adult Self-Abuse

With respect to self-abuse by dependent adults for both male and female dependent adults, medical self-abuse accounted for 20%, about one-third involved health-and-safety self-abuse, and approximately one-quarter involved physical neglect (see Figure 13.5).



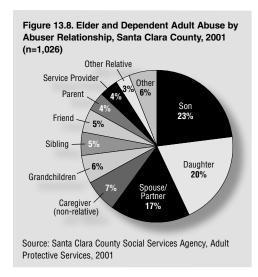


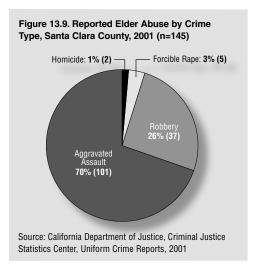
#### **Demographics of Victims**

Figure 13.6 shows the racial/ethnic distribution of confirmed incidents of elder and dependent adult abuse. § As a reminder, 75% of these confirmed incidents were for elder abuse. Rates of confirmed incidents of elder and dependent adult abuse were highest among Whites (123 per 100,000), followed by African Americans (88 per 100,000). Asian/ Pacific Islanders had the lowest rate (31 per 100,000), approximately one-third of the overall County rate (97 per 100,000).

Rates of confirmed incidents of elder abuse increased dramatically with age, as seen in Figure 13.7. Elders ages 80 to 89 were two to three times as likely to experience abuse compared to younger elders. Those ages 90 to 99 experienced the highest rates of abuse, with three to four times the likelihood of abuse compared to elders less than 80 years old.

\$Due to a limitation in database reporting capabilities, the distributions could not be reported separately for each group (elders vs. dependent adults)





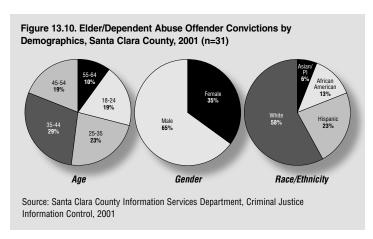
In Santa Clara County in 2001, sons were the most common abusers of elders and dependent adults\*\* (23%), followed by daughters (20%) and spouses (17%). In total, relatives accounted for approximately 80% of all elder and dependent adult abusers for confirmed incidents (see Figure 13.8).

#### Criminal Justice Statistics Center Data, Crimes Against the Elderly

There were 145 reports of crimes committed against the elderly in Santa Clara County in 2001 as reported by local law enforcement agencies<sup>††</sup>. Seventy percent (101) of those reports were for aggravated assault and 26% (37) were for robbery. There were 5 cases of forcible rape and less than 5 homicides (see Figure 13.9).

#### Criminal Justice Information Control Data, Elder Abuse Offenders

In 2001, there were 45 suspects booked, 68 charges filed, 31 offenders and 2 individuals on probation for charges of elder abuse in the data from local law enforcement agencies (data not shown). Figure 13.10 displays the demographic characteristics of the 31 offender convictions for elder assault and battery in Santa Clara County in 2001.



<sup>\*\*</sup>Due to a limitation in database reporting capabilities, the distributions could not be reported separately for each group (elders vs. dependent adults)

\$\ddot\text{Most cases APS gets involved with have more than one aspect of self-abuse; see definitions for types of self-abuse.}



#### **Data Reflections**

Data provided by APS of the Social Services Agency (SSA) offer a detailed picture of the kinds of elder and dependent adult abuse that occur in Santa Clara County. While criminal justice data provide information on offenders, it cannot currently be linked to SSA victim and incident data to provide a more complete picture of the criminal justice outcomes of elder and dependent adult maltreatment events.

In addition, it is important to note that the local data on number of filings, bookings, convictions, and probation of elder abuse offenders should not be interpreted longitudinally. Each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

<sup>1</sup> National Association of Adult Protective Services Administrators (NAAPSA). (2001). Elder Abuse Awareness Kit: A Resource Kit for Protecting Older People and People with Disabilities. Retrieved March 12, 2003 from http://www.elderabusecenter.org/.

<sup>&</sup>lt;sup>2</sup> National Center on Elder Abuse (NCEA). (n.d.) *The Basics: What is Elder Abuse*. Retrieved March 12, 2003 from http://www.elderabusecenter.org/basic/index.html.

<sup>&</sup>lt;sup>3</sup> National Center on Elder Abuse (NCEA). (1998). *The National Elder Abuse Incidence Study—Final Report*. Retrieved March 12, 2003 from http://www.aoa.gov/abuse/report/default.htm.

<sup>&</sup>lt;sup>4</sup> Hawes, C. (2002). Elder Abuse in Residential Long-Term Care Facilities: What is known about Prevalence, Causes, and Prevention. Testimony before the U.S. Senate Committee on Finance. Retrieved March 12, 2003 from http://finance.senate.gov/hearings/testimony/061802chtest.pdf.

<sup>&</sup>lt;sup>5</sup> National Center on Elder Abuse (NCEA) (2002). Preventing Elder Abuse by Family Caregivers. San Francisco, CA: Institute on Aging.

# **Youth Violence: Violence on School Property**

Youth violence is of particular concern to a community because it can have a profound effect on shaping the lives of both young victims and offenders. In 2000, students ages 12 through 18 were victims of more than 1.9 million crimes of violence or theft at school. This statistic includes about 128,000 serious violent crimes (i.e., rape, sexual assault, robbery, and aggravated assault)<sup>1\*</sup>. There were 47 school-associated violent deaths in the United States between July 1, 1998, and June 30, 1999, including 38 homicides, 33 of which were school-aged children. Six of the violent deaths were suicides, 2 involved suspects killed by a law enforcement officer in the line of duty, and 1 was unintentional <sup>1</sup>. According to Snyder & Sichmund, "high school seniors who used drugs were more likely than those who did not to be the victims of violence" (p. 36)<sup>2,3</sup>.

The Executive Summary to Indicators of School Crime and Safety: 2002<sup>1</sup> states that "schools should be safe and secure places for all students, teachers, and staff members. Without a safe learning environment, teachers cannot teach and students cannot learn."



# **Summary of National Findings**

#### Youth Risk Behavior Survey

The Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS) is a school-based survey designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States. It is designed to produce a nationally representative sample of students in grades 9th through 12th. According to 1999 YRBS results, 14.2% of high school students had been in a physical fight on school property one or more times in the past 12 months; 7.7% of high school students were threatened or injured with a weapon on school property during the 12 months preceding the survey; 6.9% of high school students carried a weapon on school property during the 30 days preceding the survey; and 5.2% of students had missed one or more days of school during the 30 days preceding the survey because they had felt too unsafe to go to school<sup>4</sup>.

Between 1995 and 1999, there was a decrease in the percentage of students ages 12 through 18 who reported feeling unsafe at school, from 12% to 7%. However, between 1999 and 2001, there was no significant change 1.

#### National Trends in Violent Deaths Associated with Schools

The CDC, U.S. Department of Education, Department of Justice, and the National School Safety Center have collaborated to study homicides and suicides associated with schools and identify common features of school-related violent deaths<sup>5</sup>. Their initial study examined homicides and suicides that took place between July 1, 1992, and June 20, 1994. It looked at cases where the fatal injury was inflicted on the

\*However, note that the data in Indicators of School Crime and Safety: 2002 show that more victimizations happen away from school than at school. In particular, in 2000, students were about twice as likely to be victims of serious violent crime away from school as at school.

campus of a public or private elementary or secondary school, while the victim was traveling to or from regular school sessions, or while the victim was on the way to or from an official school-sponsored event. Collectively, the deaths included in the study occurred in 25 states across the country and in communities of all sizes. The research yielded some interesting results. Less than 1% of all homicides among school-aged children (5 to 19 years old) occur in or around school grounds or on the way to and from school. Sixty-five percent of school-associated violent deaths were students, 11% were teachers or other staff members, and 23% were community members who were killed on school property. The vast majority (83%) of school homicide and suicide victims were males. Locations of the fatal injuries happened mostly either outdoors on school property (36%) or inside the school building (28%); the remaining fatalities occurred off campus (35%)<sup>5</sup>.

CDC and its partners have updated and expanded the original study, examining school-associated violent deaths (homicide, suicide, legal intervention, and unintentional firearm-related death) between July 1994 and June 1999<sup>6</sup>. Results have shown that there were 220 events resulting in 253 violent deaths. The majority of those events were homicides (102 homicides and 11 homicide-suicides) and involved the use of firearms. Students accounted for 172 (68%) of the deaths. The total number of events has decreased significantly since the 1992-1993 school year. However, the homicide rates for students killed in multivictim events has increased significantly. Specifically, during the four school years from August 1995 through June 1999, there were an average of four multiple victim events per year. This is compared to an average of one multiple victim event per year in the three years from August 1992 through July 1995. Most events occurred around the start of the school day, lunchtime, or the end of the school day. For about 55% of the incidents, a note, threat, or other action indicative of a risk for violence occurred prior to the event. Homicide offenders were more likely than homicide victims to have engaged in some form of suicidal behavior before the event and to have been bullied by their peers.

#### Trends in Other Violent Incidents Associated with Schools

According to the *Indicators of School Crime and Safety 2002*<sup>1</sup>, the percentage of students being victimized at school has declined over the last few years. In particular, between 1995 and 2001 the percentage of students who reported being victims of crime at school decreased from 10% to 6%. This was due in large part to a decline in reports of thefts. Between 1992 and 2000, there was a 46% decrease in the violent crime victimization rate at school and a 52% decrease away from school for students ages 12 to 18.

In 2000, the violent crime victimization rates for students ages 12 to 14 at school and away from school matched those of older students (ages 15 to 18). The percentage of students in grades 9th through 12th who reported having been in a physical fight on school property in the past 12 months declined from 1993 to 2001, from 16% to 13%. From 1993 to 2001, the percentage of students in 9th grades through 12th who reported having carried a weapon on school property in the previous 30 days dropped from 12% to 6%.

However, for some types of violent crimes at school, rates have not changed. Between 1993 and 1999, the percentage of students in 9th grades through 12th who were threatened or injured with a weapon on school property in the past 12 months remained constant at about 7% to 9%<sup>1</sup>.



# **Healthy People 2010 Objective**

One Healthy People 2010 injury-related objective for youth violence is to reduce physical fighting among adolescents to 33% of adolescents in 9th grades through 12th who engaged in physical fighting in the previous 12 months (Objective 15-38).

Santa Clara County	State	Nation	Target
25.7	Not available	33.2	33

Another Healthy People 2010 injury-related objective for youth violence is to reduce weapon carrying by adolescents on school property to 6% of students in 9th grades through 12th who carried weapons on school property during the past 30 days (Objective 15-39).

Santa Clara County	State	Nation	Target
7.3	Not available	17.4	6.0

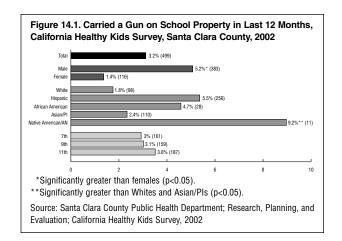
Santa Clara County has met the Healthy People 2010 Objective for reducing the percent of adolescents who engage in physical fighting to less than 33%. The results of a countywide survey among 16,000 high school students found that about 26% of Santa Clara County high school students reported that they have engaged in a physical fight in the past year. However, the survey results also showed that 7% of high school students reported that they have carried weapons on school property in the past 30 days. Although the Santa Clara County rate is lower than the national statistics, it has yet to meet the Healthy People 2010 Objective.



# **Santa Clara County Data**

#### California Healthy Kids Survey

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department, in collaboration with local school districts, administered the California Healthy Kids Survey (CHKS), which is based on the national YRBS, to more than 16,000 7th, 9th and 11th graders in Santa Clara County schools. Below are the results of six questions addressing violence on school property and gang violence. Note that tests for significant differences between gender, ethnic, and grade level



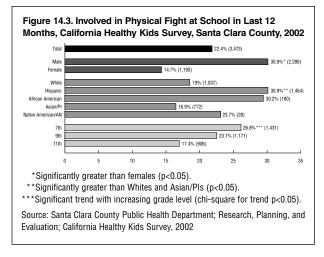
subgroups were conducted by comparing the highest subgroup with each of the other subgroups.

As seen in Figure 14.1, 3.2% of students reported that they had carried a gun on school property in the last 12 months. Males reported significantly more often than females that they had carried a gun on

school property in the last 12 months, 5.2% vs. 1.4%. This pattern of more frequent gun-carrying among males was observed for all racial/ethnic groups and grade levels. Native Americans (9.2%) were more likely than Whites (1.8%) and Asian/ Pacific Islanders (2.4%) to report that they had carried a gun on school property in the last 12 months. There was no significant difference in the prevalence of those who said that they had carried a gun on school property in the last 12 months across the three grades surveyed.

Shown in Figure 14.2, 10% of students reported that they had carried a weapon other than a gun on school property in the last 12 months. Males reported significantly more often than females that they had carried another weapon on school property in the last 12 months, 14.5% vs. 6%. This pattern of more frequent carrying of a weapon other than a gun among males was observed for all racial/ethnic groups and grade levels. Hispanic students (14.6%) were more likely than Whites (8.2%) and Asian/ Pacific Islanders (7.1%) to report that they had carried a weapon other than a gun on school property in the last 12 months. Older students showed a higher prevalence of carrying a weapon other than a gun in the last 12 months than younger students:

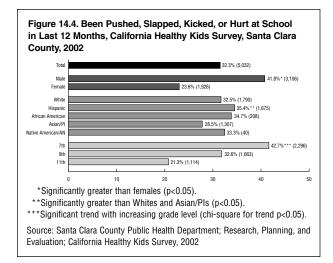
Figure 14.2. Carried a Weapon (other than a gun) on School Property in Last 12 Months, California Healthy Kids Survey, Santa Clara County, 2002 10% (1.554) White 11th 11.2%\*\*\* (580) \*Significantly greater than females (p<0.05). \*\*Significantly greater than Whites and Asian/PIs (p<0.05) \*\*\*Significant trend with increasing grade level (chi-square for trend p<0.05). Source: Santa Clara County Public Health Department: Research, Planning, and Evaluation; California Healthy Kids Survey, 2002

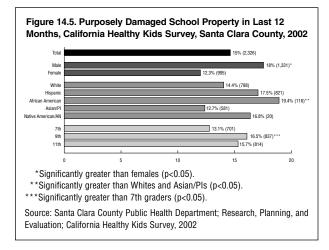


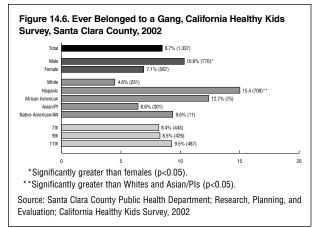
11.2% of 11th-graders reported having carried another weapon compared to 8.8% of 7th-graders.

Figure 14.3 illustrates that 22.4% of students reported that they had been involved in a physical fight at school in the last 12 months. Males reported significantly more often than females that they had been involved in a fight at school in the last 12 months, 30.9% vs. 14.7%. This pattern of more frequent fighting among males was observed for all racial/ethnic groups and grade levels. Hispanic students (30.9%) were more likely than Whites (19%) and Asian/Pacific Islanders (16.9%) to report involvement in a physical fight at school in the last 12 months. Younger students showed a higher prevalence of involvement in physical fights at school in the last 12 months than older students: 26.8% of 7th-graders reported having been involved in a fight compared to 17.4% of 11th-graders.

Overall, 32.3% of students reported that they had been pushed, slapped, kicked or hurt at school in the last 12 months. Males reported significantly more often than females that they had been pushed, slapped, kicked or hurt at school in the last 12 months, 41.8% vs. 23.6%. This pattern of more frequent victimization among males was observed for all racial/ethnic groups and grade levels. Hispanic students (35.4%) were more likely than Whites (32.5%) and Asian/Pacific Islanders (28.5%) to report having been pushed, slapped, kicked or hurt at school in the last 12 months. However, the prevalence across all racial groups







was similar with about one-third of all students responding affirmatively to this question. Younger students showed a higher prevalence of having been pushed, slapped, kicked or hurt at school in the last 12 months than older students: 42.7% of 7th-graders reported being victimized in this way compared to 21.3% of 11th-graders (see Figure 14.4).

As Figure 14.5 shows, 15% of students reported that they had purposely damaged school property in the last 12 months. Males reported significantly more often than females that they had purposely damaged school property in the last 12 months, 18% vs. 12.3%. This pattern of more frequent damaging of property among males was observed for all racial/ethnic groups and for students in 9th and 11th grades. However, among seventh-graders there was no significant difference between the prevalence of property damage among male (13.4%) and female (12.6%) students. African American students (19.4%) were more likely than Whites (14.4%) and Asian/Pacific Islanders (12.7%) to report having purposely damaged school property in the last 12 months. Ninth (16.5%) and 11thgraders (15.7%) were more likely than 7th-graders (13.1%) to report having purposely damaged school property in the last 12 months.

Gang-related violence can victimize students and school personnel on school property and as they are on their way to and from school property and events. Overall, 8.7% of students reported that they had ever belonged to a gang. Males reported significantly more often than females that they had ever belonged to a gang, 10.6% vs. 7.1%. This pattern of more frequent gang involvement among males was observed for all grades and most racial/ethnic groups. However, among African

Americans there was no significant difference in the prevalence of belonging to a gang between male (12.4%) and female (11.6%) students. Hispanic (15.4%), African American (12.7%), and Native American (9.6%) students were more likely than Whites (4.6%) and Asian/Pacific Islanders (6.6%) to report having ever belonged to a gang. There was no significant difference in the prevalence of those who reported gang involvement among students in all three grades (see Figure 14.6).

#### Office of Education Data, Safe Schools Assessment

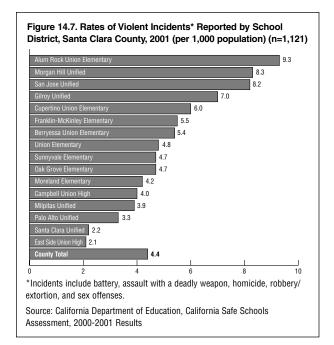
The California Safe Schools Assessment (CSSA), developed by the California Department of Education, collects and reports incidents of school crime that occur on public school campuses. The report on the 2000-2001 school year contains school crime data collected for all public school districts and county offices of education serving kindergarten through the 12th grade. Only the most serious incidents that occur at school or during school-sponsored activities are reported to CSSA. The crimes are grouped in four crime categories. Crimes Against Persons includes assault with a deadly weapon, battery, homicide, robbery/extortion, and sex offenses. The use, possession, sale and/or furnishing or possession for sale of alcohol and drugs is reported in the Drug and Alcohol Offenses category. The Property Crimes category includes arson, burglary, graffiti, theft, and vandalism. The Other Crimes category includes bomb threats, destructive/explosive devices, loitering/trespassing, and possession of a weapon(s). Selected data from the report is presented in Table 14.1.

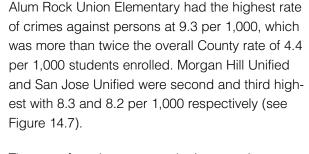
Table 14.1. Incidents/Rates of Violence Reported by School District, Santa Clara County, 2001

School District Name	Enrollment	Drug/Alcohol Offenses	Crimes Against Persons Total	Crimes Against Persons Rate*	Possession of a Weapon	Property Crimes	Dollar Loss to District/County Office of Education
Alum Rock Union Elementary	15,835	18	147	9.3	16	173	6,382.00
Berryessa Union Elementary	8,491	19	46	5.4	6	22	15,051.00
Cambrian Elementary	2,836	8	1	*	3	4	900.00
Campbell Union Elementary	7,793	10	8	*	12	10	22,515.00
Campbell Union High	7,472	102	30	4.0	17	20	14,395.00
Cupertino Union Elementary	15,670	18	94	6.0	7	29	60,808.00
East Side Union High	24,282	203	51	2.1	41	101	79,614.00
Evergreen Elementary	12,401	3	6	*	3	2	225.00
Franklin-McKinley Elementary	10,497	7	58	5.5	8	81	63,571.00
Fremont Union High	9,062	60	12	*	15	43	31,710.00
Gilroy Unified	9,516	51	67	7.0	16	88	53,372.00
Lakeside Joint Elementary	132	0	0	*	0	0	_
Loma Prieta Joint Union Elementary	700	0	0	*	0	2	500.00
Los Altos Elementary	3,931	2	3	*	2	7	1,810.00
Los Gatos Union Elementary	2,781	3	0	*	0	4	4,940.00
Los Gatos-Saratoga Joint Union High	2,804	36	4	*	7	9	1,466.00
Luther Burbank Elementary	454	1	4	*	1	1	_
Milpitas Unified	9,702	29	38	3.9	5	34	13,722.00
Montebello Elementary	49	0	0	*	0	0	_
Moreland Elementary	4,559	3	19	4.2	5	9	26,815.00
Morgan Hill Unified	9,185	79	76	8.3	16	41	22,057.00
Mountain View Elementary	3,109	0	0	*	0	0	_
Mountain View-Los Altos Union High	2,940	18	7	*	2	5	6,150.00
Mt. Pleasant Elementary	2,944	8	2	*	1	5	4,525.00
Oak Grove Elementary	11,692	9	55	4.7	17	10	8,800.00
Orchard Elementary	791	0	0	*	0	0	_
Palo Alto Unified	10,026	44	33	3.3	6	4	450.00
San Jose Unified	33,015	141	272	8.2	24	262	118,104.00
Santa Clara County Office of Education	2,632	3	5	*	0	10	7,249.00
Santa Clara Unified	14,107	53	31	2.2	15	13	3,770.00
Saratoga Union Elementary	2,391	0	0	*	1	10	43,497.00
Sunnyvale Elementary	5,951	0	28	4.7	1	0	_
Union Elementary	4,798	1	23	4.8	8	17	8,431.00
Whisman Elementary	1,456	0	1	*	2	2	1,025.00
County Total	254,004	929	1121	4.4	257	1,018	\$671,854.00

<sup>\*</sup>Per 1,000 students enrolled. Rates were not calculated for events less than 20.

Source: California Department of Education, California Safe Schools Assessment, 2000-2001 Results



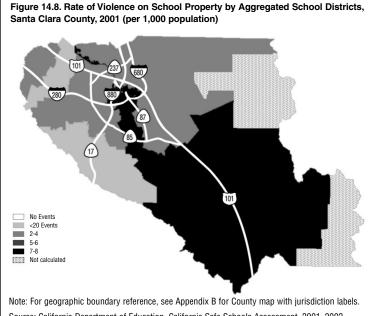


The rate of youth-perpetrated crimes against persons occurring on school campus and reported by each school district were calculated (as shown above in Table 14.1 and Figure 14.7) and aggregated by geographic area<sup>†</sup>.

Figure 14.8 shows an overall rate for each aggregated school district in Santa Clara County. The highest overall rate of youth violence was seen

> in Morgan Hill Unified and San Jose Unified school districts (both 8 per 1,000 enrolled population). The next highest was Gilroy Unified school district (7 per 1,000 population).

No events were reported for rural areas of the County. Although there are two school districts that are physically located in Santa Clara County, they are under the jurisdiction of a neighboring county. Patterson Unified (located in the northeast rural area of the County) is operated by Stanislaus County. North County Joint Union Elementary/San Benito High school districts (located in the southeast rural area of the county) are operated by San Benito County.



Source: California Department of Education, California Safe Schools Assessment, 2001–2002. Santa Clara County Registrar of Voters, Baseline Map, 2003.

<sup>†</sup> East Side Union High school district is combined with Alum Rock Union Elementary, Franklin-McKinley Elementary, Berryessa Union Elementary, Oak Grove Elementary, Evergreen Elementary, Mt. Pleasant Elementary, and Orchard Elementary. Los Gatos-Saratoga Joint Union is combined with Lakeside Joint Elementary, Loma Prieta Joint Elementary, Los Gatos Union Elementary, and Saratoga Union Elementary. Fremont Union High school district is combined with Cupertino Union Elementary, Sunnyvale Elementary, and Montebello Elementary. Mountain View-Los Altos Union High school district is combined with Los Altos Elementary, Mountain View Elementary, and Whisman Elementary. Campbell Union High school district is combined with Union Elementary, Moreland Elementary, Cambrian Elementary, Campbell Union Elementary, and Luther Burbank Elementary. Morgan Hill Unified, San Jose Unified, Gilroy Unified, Milpitas Unified, Palo Alto Unified, and Santa Clara Unified were not combined with any other school districts, as they do not share geographic boundaries with any other school district.



#### **Data Reflections**

The CHKS and CSSA provide useful data on violence on school property and among youth who attend public schools more generally. However, systematic data on violence experienced by youth who are younger than those in 7th grade and youth not in public school or in any school (e.g., dropouts, street youth) are very limited.

Data on prevalence of youth violence, not necessarily on school property, are presented in other chapters of this report and noted with the symbol "Y". Another source of data for youth safety data are the "Choices for Youth" public education campaign. This resource can be accessed at http://www.preventviolence.org.

DeVoe, J.F., Peter, K., Kaufman, P., Ruddy, S.A., Miller, A.K., Planty, M., Snyder, T.D., Duhart, D.T. & Rand, M.R. (2002). *Indicators of School Crime and Safety: 2002*. Washington, DC: US Departments of Education and Justice. NCES 2003-009/NCJ 196753. Retrieved March 16, 2003 from http://nces.ed.gov/pubs2003/2003009.pdf.

<sup>&</sup>lt;sup>2</sup> Snyder, H.N. & M. Sichmund. (1999). *Juvenile Offenders and Victims: 1999 National Report*. Washington, DC: National Center for Juvenile Justice. Retrieved March 18, 2003 from http://www.ncjrs.org/html/ojjdp/nationalreport99/chapter2.pdf.

<sup>&</sup>lt;sup>3</sup> Johnston, L., Bachman, J. & O'Malley, P. (1996). Monitoring the Future, Questionnaire Responses from the Nation's High School Seniors, 1995. Ann Arbor, MI: Institute for Social Research, University of Michigan.

<sup>&</sup>lt;sup>4</sup> National Center for Injury Prevention and Control (NCIPC). (2003). Facts about Violence Among Youth and Violence in Schools. Retrieved March 12, 2003 from http://www.cdc.gov/ncipc/factsheets/schoolvi.htm.

<sup>&</sup>lt;sup>5</sup> Kachur, S.P., Stennies, G.M., Powell, K.E., Modzeleski, W., Stephens, R., Murphy, R., Kresnow, M-j., Sleet, D. & Lowry, R. (1996). School-Associated Violent Deaths in the United States, 1992 to 1994. *JAMA*, 275: 1729-33.

<sup>&</sup>lt;sup>6</sup> Anderson, M., Kaufman, J., Simon, T.R., Barrios, L., Paulozzi, L., Ryan, G., Hammond, R., Modzeleski, W., Feucht, T., Potter, L. & the School-Associated Violent Deaths Study Group. (2001). School-Associated Violent Deaths in the United States, 1994-1999. *JAMA*, 286(21): 2695-2702. Retrieved March 18, 2003 from http://www.cdc.gov/ncipc/schoolviolencejoc11149.pdf.

# **Incarcerated Populations: Offender Statistics**

The previous and subsequent chapters of the CPOV include both victim and offender data to the extent that they are available. This chapter looks only at the characteristics of offenders who have been imprisoned, recognizing that the incarcerated population does not represent all offenders of violent crimes.



# **Summary of National Findings**



**Prison** is a state correctional facility where persons are confined

following conviction for a felony offense.

Jail is a county or city facility normally used to confine persons serving sentences for misdemeanors, persons awaiting trial or sentencing on felony or misdemeanor charges, and persons confined for civil matters such as failure to pay alimony and other types of contempt of court.



**Parole** is an added period of control following release from prison.

**Probation** is a judicial requirement that a person fulfill certain conditions of behavior in lieu of or after a sentence to confinement (see also Chapter 4: Methodology)

At mid-year 2001, 1,965,495 people (1 out of every 145 U.S. residents) were in prison or jail. Of those, 92% were male and 8% were female <sup>1,2</sup>.

At the end of 2001, a total of 3,932,751 adults were on probation and 731,147 were on parole  $^{1,3}$ .

According to the Bureau of Justice Statistics (BJS)<sup>4</sup>, if recent incarceration rates remain unchanged, an estimated 1 of every 20 persons (5.1%) will serve time in a prison during their lifetimes. The lifetime chance of a person going to prison is higher for men (9%) than for women (1.1%). The lifetime chance is also higher for Blacks (16.2%) and Hispanics (9.4%) than for Whites (2.5%).

Based on current lifetime risk of first incarceration, an estimated 28% of Black males will enter state or federal prison during their lifetimes, compared to 16% of Hispanic males and 4.4% of White males<sup>4</sup>.

#### Characteristics of (All) State Prison Inmates

The BJS<sup>4</sup> provides key characteristics of inmates for the year 2001. With respect to gender, women were 6.6% of the state prison inmates, up from 6% in 1995. Sixty-four percent of prison inmates belonged to racial or ethnic minorities. An estimated 57% of inmates were under age 35 in 2001. An estimated 57% of all inmates had a high school diploma or its equivalent.

Among state prison inmates in 2000, nearly half (49%) were sentenced for a violent crime, one fifth (20%) were sentenced for a property crime, and slightly more than one fifth (21%) were sentenced for a drug crime.

#### Comparison of Federal and State Prison Inmates

According to BJS<sup>4</sup> data in 1997, federal inmates were more likely than state inmates to be: women (7% vs. 6%); Hispanic (27% vs. 17%); ages 45 or older (24% vs. 13%); and with some college education (18% vs. 11%).

In 2000, an estimated 57% of federal inmates and 21% of state inmates were serving a sentence for a drug offense and about 10% of federal inmates and 49% of state inmates were in prison for a violent offense. Violent offenders accounted for 53% of the growth in state prisons from 1990 to 2000, and drug offenders accounted for 59% of the growth in federal prisons.

#### Characteristics of Jail Inmates

BJS<sup>4</sup> data indicate that women were 10% of the local jail inmates in 1996, unchanged from 1989. Nearly half (48%) of jailed women reported having been physically or sexually abused and 27% had been raped prior to admission. Sixty-three percent of jail inmates belonged to racial or ethnic minorities in 1996, up slightly from 61% in 1989. Nearly a quarter (24%) of jail inmates were between the ages of 35 and 44 in 1996, up from 17% in 1989.

A quarter of the jail inmates said they had been treated at some time for a mental or emotional problem. Over one third of all inmates reported some physical or mental disability.

More than half (54%) of all inmates had a high school diploma or its equivalent. More than a third (36%) of all inmates were not employed during the month before they were arrested for their current offense. A fifth (20%) were looking for work and 16% were not looking.

More than 7 out of every 10 jail inmates had prior sentences to probation or incarceration. Among the local jail inmates in 1996, one fourth were held for a violent crime, one fourth were held for a property crime, and about one fifth were held for a drug crime.

#### Recidivism

Data from the BJS<sup>4</sup> show that of the 272,111 persons released from prisons in 15 states in 1994, an estimated 67.5% were rearrested for a felony or serious misdemeanor within three years, 46.9% were reconvicted, and 25.4% resentenced to prison for a new crime. The 272,111 offenders discharged in 1994 accounted for nearly 4,877,000 arrest charges over their recorded careers. Within three years of release, 2.5% of released rapists were rearrested for another rape, and 1.2% of those who had served time for homicide were arrested for a new homicide.

#### Sex Offenders

According to BJS<sup>4</sup> data, on a given day in 1994 there were approximately 234,000 offenders convicted of rape or sexual assault under the care, custody, or control of corrections agencies. Nearly 60% of those sex offenders were under conditional supervision in the community.



The median age of the victims of those who were imprisoned for sexual assault was less than 13 years old. The median age of rape victims was about 22 years old. An estimated 24% of those serving time for rape and 19% of those serving time for sexual assault had been on probation or parole at the time of the offense for which they were in state prison in 1991.

#### **Child Victimizers**

Offenders who had victimized a child were on average five years older than the violent offenders who had committed their crimes against adults. Nearly 25% of child victimizers were ages 40 and older, but only about 10% of the inmates with adult victims fell in that age range<sup>4</sup>.

#### Intimate Partner Victimizers

According to the BJS<sup>4</sup>, about 4 in 10 inmates serving time in jail for intimate partner violence had a criminal justice status\* at the time of the violent attack on an intimate. About 25% of convicted violent offenders confined in local jails had committed their crime against an intimate partner and about 7% of state prisoners serving time for violence had an intimate victim. About half of all offenders convicted of intimate partner violence and confined in a local jail or a state prison had been drinking at the time of the offense. Jail inmates who had been drinking prior to the intimate violence consumed an average amount of alcohol equivalent to 10 beers. About 8 in 10 inmates serving time in state prison for partner violence had injured or killed their victim.

#### Use of Alcohol by Convicted Offenders

BJS<sup>4</sup> data indicate that among the 5.3 million convicted offenders under the jurisdiction of corrections agencies in 1996, nearly 2 million (36%) were estimated to have been drinking at the time of the offense. The vast majority, about 1.5 million, of these alcohol-involved offenders were sentenced to supervision in the community with 1.3 million on probation and more than 200,000 on parole. Among violent offenders, 41% of probationers, 41% of those in local jails, 38% of those in state prisons, and 20% of those in federal prisons were estimated to have been drinking when they committed their crime.

#### Women Offenders

BJS<sup>4</sup> data show that in 1998 there were an estimated 3.2 million arrests of women, accounting for 22% of all arrests that year. Based on self-reports by victims of violence, women account for 14% of violent offenders, an annual average of about 2.1 million violent female offenders. Women accounted for about 16% of all felons convicted in state courts in 1996. They accounted for 8% of convicted violent felons, 23% of property felons, and 17% of drug felons. In 1998, more than 950,000 women were under correctional supervision, or about 1% of the U.S. female population.

#### **Violent Youth Offenders**

According to Snyder & Sichmund<sup>5</sup>, in 1997 there were 368 juveniles (under 18) in custody for every 100,000 in the population. On October 29, 1997, there were 26,498 juveniles in residential placement for violent offenses. Of those, 2% had been charged with criminal homicide as their most serious offense, 6% had been charged with sexual assault as their most serious offense, 10% had been charged with robbery as their most serious offense, and 10% had been charged with aggravated assault as their most serious offense.

\*on probation or parole or under a restraining order

Minorities (Blacks, Hispanics, American Indians, and Asians) accounted for 7 out of every 10 youth held in custody on October 29, 1997, for a violent offense. On that date, a higher percentage of males (27%) in residential placement had a Violent Index Crime (i.e., criminal homicide, sexual assault, robbery, or aggravated assault) as their most serious offense than females (13%).

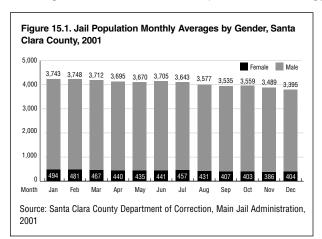
From 1992 to 1996, juveniles accounted for 7% of new admissions to state adult prisons for robbery, 5% for murder, 3% for aggravated assault, and 1% for sexual assault.



# **Santa Clara County Data**

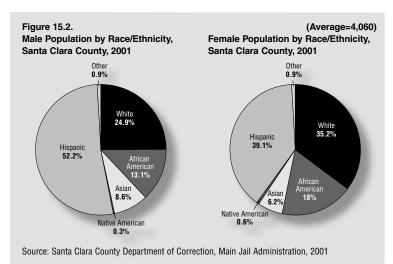
#### Department of Correction Data. Inmate Statistics

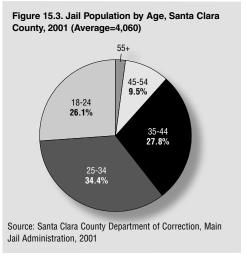
Santa Clara County jail information was obtained from the Department of Correction. Data on Santa Clara County's monthly average incarcerated population for 2001 are presented by sex, age, and race/ethnicity. These data include all facilities in Santa Clara County (excluding juvenile facilities, but not juveniles who are in the adult system for severe crimes). Monthly averages are determined by averaging the daily count over a given month (see also Chapter 4: Methodology). The average length of stay was 97 days in 2001.



Also, the Department of Correction notes that 80% of the population in any given year has a history of drug or alcohol-related problems.

Figures 15.1-15.3 show that the monthly jail population ranged from 3,799 to 4,237 inmates in 2001. The monthly average was lowest between September to December. The jail population was 88% male and 12% female. On average, the male prison population was comprised of 25% Whites. 13% Blacks, 52% Hispanics, 9% Asian, 0.3% Native Americans, and 0.9% others. On average,





the female prison population was comprised of 35% Whites, 18% Blacks, 39% Hispanics, 6% Asian, 0.6% Native Americans, and 0.9% others. The age breakdowns were: 26% between 18 and 24 years old, 24% between 25 and 34, 28% between 35 and 44, 10% between 45 and 54, and 2% over age 54.

During 2001, there were 5,091 inmates from Santa Clara County who were transferred to the state prison system. Inmates are often transferred to the state prison system based on severity of the crime (felony) and length of sentence.

# Public Research Institute, San Francisco State University, Arrestee Drug Abuse Monitoring Program (ADAM) Data, Drug and Alcohol Survey Results

Santa Clara County participates as one of the 35 sites in the Arrestee Drug Abuse Monitoring (ADAM) Program, a National Institute of Justice-funded program that tracks trends in the prevalence and types of drug use among booked arrestees in urban areas by means of a survey the arrestees voluntarily complete. For the purposes of this report, ADAM data were obtained for male survey participants booked for selected crime types highlighted in this report. The responses of male arrestees completing interviews were weighted to represent the entire arrestee population. Female arrestees are currently not sampled in the ADAM protocol because of insufficient numbers. Of 8,475 arrest bookings sampled for ADAM in Santa Clara County in 2001, there were an estimated 1,059 bookings for the selected crimes of interest: homicide (0), kidnapping (4), robbery (62), assault (417), rape (15), child abuse (202), restraining order violations (208), and other crimes against persons (151)<sup>†</sup>. Figures 15.4–15.9 provide information about the participating arrestees of these selected crimes. Information is presented in total for the selected crime types and then separated for the crime types with the most arrestees: robbery, assault, child abuse, and restraining order violations. Note that individual cells may not add up to the total because some data were missing.

Table 15.1 provides a racial/ethnic comparison between the total male population in the Santa Clara County adult jail system and the ADAM sample. (The data available would not permit a comparison of age categories.) Although race/ethnicity distributions are similar between the male Santa Clara County jail population and the ADAM sample for which data were obtained, the ADAM results represent a sample that is subject to a margin of error. In most cases, 95% confidence intervals are within +/- 5%.

Table 15.1. Santa Clara County Incarcerated Population vs. ADAM Sample, Santa Clara County, 2001

<del>-</del>				
	Incarcerated Population	ADAM		
White	24.9%	24.1%		
Hispanic	52.2%	49.5		
African American	13.1%	13.1%		
Asian/Pacific Islander	8.6%	8.6%		
Native American	0.3%	0%		
Other	0.9%	4.7%		
Total	100%	100%		

<sup>\*</sup>Includes all selected crimes of interest

Source: Santa Clara County Department of Correction, Main Jail Administration, 2001. Public Research Institute, San Francisco State University, ADAM Program Data, 2001

<sup>†</sup>Other crimes against persons can include assault with bodily waste, conspiracy to commit murder, criminal endangerment against a person, crime against at-risk adults, elder abuse, false imprisonment, felonious restraint, reckless endangerment, solicitation of murder, and unlawful imprisonment.

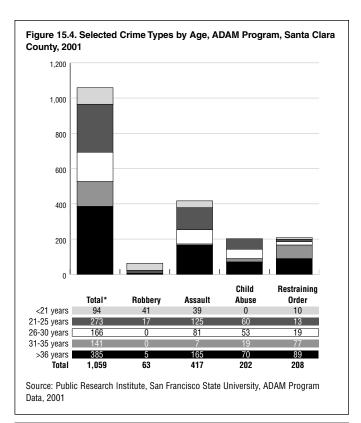
Figure 15.4 shows the age breakdown of individuals in all selected crime types combined and separately for robbery, assault, child abuse, and restraining order violations. In the ADAM data, more than 85% of robbery bookings involved male suspects ages 25 and younger, whereas almost 80% of restraining order bookings involved males over age 30. For assault, child abuse, and restraining order violations, about 40% of the ADAM bookings involved males over 36.

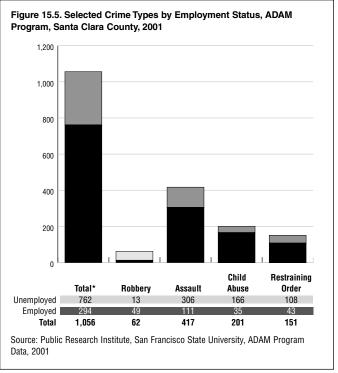
Figure 15.5 presents the employment status of individuals in all selected crime types combined and for robbery, assault, child abuse, and restraining order violations separately. In the ADAM data, nearly 70% of the sample were employed at the time of arrest. However, only 20% of ADAM robbery arrestees were employed.

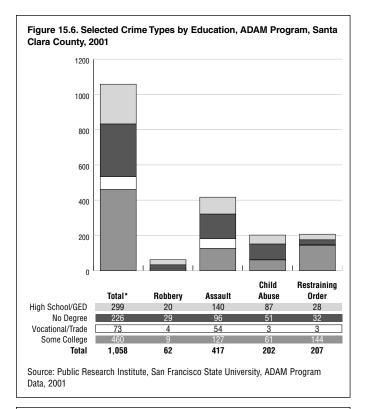
Figure 15.6 presents the education distribution of individuals in all selected crime types and for robbery, assault, child abuse, and restraining order violations.

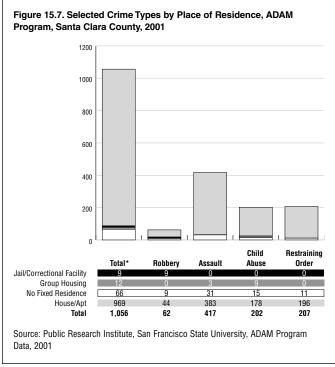
In the ADAM data, about 20% of the sample had no high school degree. More than 50% had some education beyond high school. Nearly 50% of ADAM robbery arrestees had no high school degree. Conversely, nearly 70% of ADAM arrestees for a restraining order violation had some college-level education.

Figure 15.7 presents the breakdown of places of residence in the past 30 days for individuals in all selected crime types and for robbery, assault, child abuse, and restraining order violations. In the ADAM sample, about 6% reported having no fixed







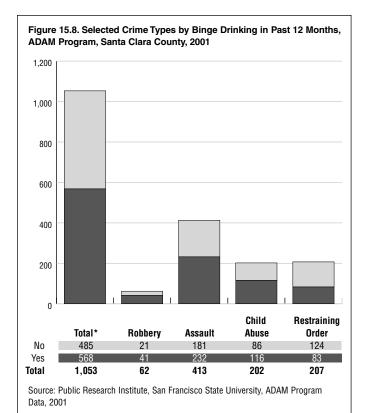


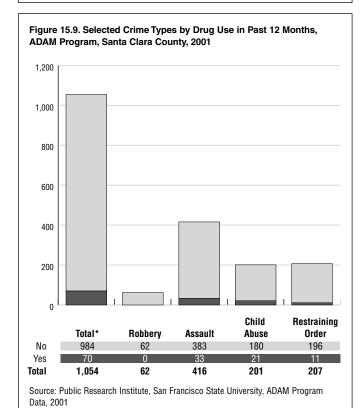
residence or were homeless. Less than 1% reported that they had been in jail, prison, or another correctional facility in the past 30 days. In general, most ADAM arrestees reported their last place of residence was a house or apartment. However, 15% of ADAM robbery arrestees reported no fixed residence or homeless status and 15% reported that they had been in jail or another correctional facility in the past 30 days.

Figure 15.8 presents the distribution of binge drinking in the past 12 months for individuals in all selected crime types and for robbery, assault, child abuse, and restraining order violations. Arrestees were asked whether they had five or more drinks in at least one day in the past 12 months. Nearly 54% reported that they had drank more than five or more alcoholic drinks at least one day in the past 12 months. In the ADAM sample, 66% of robbery arrestees, 56% of assault arrestees, 57% of child abuse arrestees, and 40% of restraining order violation arrestees reported binge drinking.

Figure 15.9 presents the breakdown of drug use in the past 12 months for individuals in all selected crime types and for robbery, assault, child abuse, and restraining order violations. Drug use includes marijuana, hashish, crack, powder cocaine, heroin, or methamphetamine. The data were self-reported. In the ADAM sample, about 7% reported drug use at least once in the past 12 months. No robbery arrestees reported drug use. About 10% of child abuse arrestees, 8% of assault arrestees, and 5% of restraining order arrestees reported drug use in the past 12 months.

<sup>‡</sup>It should be noted that CDC's definition of binge drinking is classified as five or more drinks in a row in the last 30 days.





#### **Data Reflections**

For the CPOV report, limited jail/prison data sources were identified. In particular, the ADAM Program is a key source of data on drug and alcohol use by offenders. However, ADAM has important limitations such as the selection criteria, the self-reporting nature of the survey, and voluntary participation used to collect the data.

Further sources of data should be identified and included to provide a more comprehensive picture of incarcerated populations and, in particular, violence in jails.

<sup>&</sup>lt;sup>1</sup> National Center for Victims of Crime, (2003), Corrections Statistics. Retrieved March 14, 2003 from http://www.ncvc.org/ resources/statistics/corrections/.

<sup>&</sup>lt;sup>2</sup> Beck, A., Karberg, J. & Harrison, P. (2002). *Prison and Jail* Inmates at Midyear 2001. Washington, DC: Bureau of Justice Statistics US Department of Justice.

<sup>&</sup>lt;sup>3</sup> Glaze, L. (2002). Probation and Parole in the United States, 2001. Washington, DC: Bureau of Justice Statistics US Department of Justice.

<sup>&</sup>lt;sup>4</sup> Bureau of Justice Statistics (BJS). (2003). Criminal Offender Statistics. Retrieved March 12, 2003 from http: //www.ojp.usdoj.gov/bjs/crimoff.htm.

<sup>&</sup>lt;sup>5</sup> Snyder, H.N. & Sichmund, M. (1999). *Juvenile Offenders and* Victims: 1999 National Report. Washington, DC: National Center for Juvenile Justice. Retrieved March 18, 2003 from http://www.ncjrs.org/html/ojjdp/nationalreport99/chapter7.pdf.

# Occupational Violence: Workplace Violent Deaths

Workplace violence has received increased attention as an occupational safety issue. The circumstances surrounding workplace violence vary and the consequences range from nonfatal injury to loss of work to death. The documented circumstances of these incidents provide information with respect to the time of day and victim-perpetrator relationships that are most highly correlated with workplace violent deaths.



The National Institute for Occupational Safety and Health (NIOSH)<sup>1</sup>

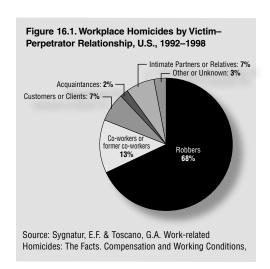
has defined **workplace vio- lence** as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."



# **Summary of National Findings**

According to the National Institute for Occupational Safety and Health (NIOSH), in 1997 an average of 20 workers were murdered each week in the United States<sup>2</sup>. In addition, an estimated 1 million workers —18,000 per week—were victims of nonfatal workplace assaults each year<sup>2</sup>. In 2000, homicide was the third-leading cause of fatal occupational injury in the United States with up to 674 workplace homicides accounting for 11% of the total 5,915 fatal work injuries that year<sup>3,4</sup>. The good news is the workplace homicide rate decreased 34% from 1994 to 1998<sup>5</sup>.

There is a widespread belief that domestic abusers and mentally unstable co-workers perpetrate the majority of workplace homicides. In fact, the majority (about two-thirds) of workplace homicides are robbery-related (compared to less than 10% of homicides in the general population occurring during a robbery). Furthermore, in the general population about half of all murder victims are related to their assailants, whereas the majority of workplace homicides are believed to occur among people who do not know each other<sup>2</sup>. For the period between 1992 and 1998, of the cases in which the victim-perpetrator relationship could be identified, most of the cases involved robbers (68%), followed by co-workers or former co-workers (13%). (See Figure 16.1).



About 75% of all workplace homicides are committed with a firearm<sup>2</sup>. Homicides due to a bombing resulted in 138 deaths from 1992 to 1998. Most of those deaths were due to the bombing of the Oklahoma City Federal Building in 1995<sup>4</sup>.

#### **Occupational Risk Factors**

NIOSH<sup>2</sup> has identified several occupational factors that place workers at risk for violence in the workplace, including interacting with the public, exchanging money, delivering services or goods, working late at night or during early morning hours, working alone, guarding valuable goods or property, and dealing with violent people or volatile situations.

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Data from 1998<sup>5</sup> indicate that the overall rate of workplace homicide in the general population was 0.5 per 100,000 workers. The occupations with the highest homicide rates that year included taxicab drivers and chauffeurs (17.9 fatalities per 100,000 workers); public police and detectives (4.4 fatalities per 100,000 workers); private guards and police (4.1 per 100,000 workers); managers of food serving and lodging establishments (2.5 per 100,000 workers); and supervisors and proprietors in sales (2.5 per 100,000 workers).

Immigrants and the self-employed suffer a disproportionate share of workplace homicides, largely because they work in high-risk occupations for workplace violence such as taxicab driver or cashier at a grocery<sup>5,6</sup>.

With respect to industry, retail trade and services had nearly 60% of all work-related homicides in 1998 at 423 workplace homicides. The public sector had 93 homicides, which represented 13% of the total for that year<sup>4</sup>.

#### Time Risk Factors

There is a common misconception that most workplace homicides occur late at night. Yet in 1998, there were about as many homicides from 8 a.m. to noon as there were from 8 p.m. to midnight. The four-hour periods with the fewest homicides actually occurred between midnight and 4 a.m. and between 4 a.m. and 8 a.m. However, for "night-time" occupations like taxicab drivers and grocery store proprietors, the number of workplace homicides is higher between 8 p.m. and 4 a.m.<sup>5</sup>

#### **Demographic Risk Factors**

The risk of being a victim of workplace homicide varies by gender, ethnicity and age<sup>5</sup>. Although women account for nearly half the workforce, they accounted for only 23% of workplace homicide victims in 1998 and 19% between 1992 and 1998. However, homicides were by far the leading cause of fatal injury in women in the workplace compared to other types of injuries.

Blacks, Asians, Hispanics, and other minorities face a higher risk of workplace homicide than their proportions of the workforce would suggest. They comprise about one-third of all workplace homicide victims, but only one-sixth of the total workforce. Their higher rate is explained in part by their disproportionate share of occupations for which the homicide rate is higher (e.g., taxicab driver)<sup>5</sup>.

In 1998, individuals 25 to 55 years old accounted for the most work-related homicide deaths and likewise comprised most of the workforce. The age bracket with the fewest homicide deaths was youth under 18, accounting for less than 1% of the homicides that year. However, according to NIOSH<sup>2</sup>, in the late 1990s homicide was the second-leading cause of work-related death for the general working population, but the leading cause of work-related death for workers under 18.



# **Santa Clara County Data**

According to death records for 2001, there were 5 workplace violent deaths in Santa Clara County. These deaths accounted for 3% of the violent deaths in the County. Four of the deaths were the result of homicide and 1 was a suicide. All decedents were males and their ages varied from 24 to 74 years old. Of the 4 homicides, 3 involved firearms and 1 involved a stabbing instrument. Three of the victim-offender relationships were determined to be strangers, 1 was unknown, and 2 involved a robbery. Two of the homicide victims were Asian/Pacific Islanders, 1 was White, and 1 was unknown. One victim was a peace officer.



#### **Data Reflections**

The local data available to monitor workplace violence (fatal and nonfatal) are limited. The Public Health Department's new Violent Death Reporting System (VDRS), which is modeled on Harvard University's National Violent Injury Statistics System (NVISS), will shed further light on workplace violent deaths. This system will link data from multiple sources. In the case of workplace homicides, data will be drawn from Death Certificates, Medical Examiner-Coroner reports, Supplemental Homicide Reports, and Crime Lab reports (if applicable and available).

<sup>&</sup>lt;sup>1</sup> National Institute for Occupational Safety (NIOSH). (2002). *Violence: Occupational Hazards in Hospitals*. DHHS (NIOSH) Publication No. 2002-101. Retrieved March 12, 2003 from http://www.cdc.gov/niosh/2002-101.html.

<sup>&</sup>lt;sup>2</sup> National Institute for Occupational Safety (NIOSH). (1997). NIOSH Facts: Violence in the Workplace. Retrieved March 12, 2003 from http://www.cdc.gov/niosh/violfs.html.

Occupational Safety and Health Administration (OSHA). (2002). Workplace Violence–OSHA Summary Sheet. Retrieved March 12, 2003 from http://www.osha.gov/oshinfo/priorities/violence.html.

 $<sup>^4</sup>$  Bureau of Labor Statistics. (2001). National Census of Fatal Occupational Injuries, 2000.

<sup>&</sup>lt;sup>5</sup> Sygnatur, E.F. & Toscano, G.A. (2000). Work-related Homicides: The Facts. *Compensation and Working Conditions*, Spring: 3-8.

<sup>&</sup>lt;sup>6</sup> Windau, J. (1997). Occupational Fatalities Among the Immigrant Population. Compensation and Working Conditions, Spring: 40-45.

# **Conclusion**

This Community Profile on Violence (CPOV) provides a snapshot of violence in Santa Clara County and the rest of the country. It gives us a measure of how safe we are by telling us the number of violent crimes committed in our community. It also gives us some idea about who is most at risk, both of committing crime and becoming its victim. But like any snapshot, it only tells part of the story. The reporting systems are not connected and the data available are limited, which means there are gaps in what we know about crime and who suffers from it. There is also concern about underreporting, especially in intimate partner violence, sexual assault, and hate incidents. Many victims simply don't tell. But, this report can be used as a guide and planning tool.

Looking at the CPOV as a whole, it appears that Santa Clara County is a relatively safe place to live. County homicide and robbery rates are less than half of state and nationwide rates, and the homicide rate in particular is well below the Healthy People 2010 objective. The aggravated assault rate, however, is high. While just under the state rate, it is higher than several neighboring counties. Suicide is another area of concern. Although Santa Clara County rates of suicide are comparable to neighboring counties, they are still higher than the Healthy People 2010 objective.

For youth, the picture is somewhat brighter in Santa Clara County than in the rest of the nation. Substantiated child maltreatment rates are far below state and national rates, and well below the Healthy People 2010 objective. Rates for fighting at school are also below the nationwide rate and the Healthy People 2010 objective. However, youth attempts at suicide and carrying a weapon (other than a gun) on school property are higher in Santa Clara County than the Healthy People 2010 objectives for those categories.

When we take a closer look at the data, we see that some groups are faring much better than others. When compared to the general population, young males ages 15 to 24 are far more likely to be victims of assault and battery. Young males are also more likely to be victims of robbery, and Hispanic males are more likely to be victims of murder. Women are at much higher at risk of being victims of intimate partner violence, and that risk is even higher for women with partners who drink alcohol. Women are also far more likely to die at the hands of their partners.

Some parts of the County experience more crime than others. The robbery rate is much higher in Gilroy. Aggravated assault rates are higher in Gilroy, San Jose and Mountain View. Domestic violence-related calls to police are highest in Campbell and Gilroy. Violence rates on school campuses are highest in Alum Rock Union Elementary, Morgan Hill Unified, and San Jose Unified school districts.

We can also see where developing standards for measuring violence is needed. For example, there are no Healthy People 2010 objectives or comparable data for Elder and Dependent Adult Abuse and Hate Incidents/Crimes.

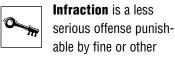
These and other details provided in the report help us understand where and how we need to build our capacity to collect better data in order to concentrate our efforts to reduce violence in our community. The report will help policymakers, community-based organizations, social services agencies, and others interested in reducing and preventing violence determine what needs to be done to make Santa Clara County a safer place for everyone to live, work and go to school.

# **Appendices**

# **Appendix A: Penal Codes**

As noted in Chapter 4: Methodology, VPIL staff selected penal codes for specific crime categories and

submitted a data request to Criminal Justice Information Control (CJIC) staff to obtain the number of filings, bookings, convictions, and probations in these crime categories in the calendar year 2001. Listed here are the penal code groupings for each crime category. All are felonies, unless noted as misdemeanor with "M" or infraction with "I".



penalty, but not by incarceration.

#### Abandonment and neglect of children

270, 270 M, 270.5 M, 270.5(A) M, 270(D) M, 271, 271 M, 271(A) M, 271A, 271A M, 272 M, 272(A) M, 272(A)(1), 272(A)(1) M

#### Child abduction

277, 277 M, 277(F), 278, 278 M, 278.5, 278.5 M, 278.5(A), 278.5(A) M, 278.5(B), 278.5(B) M, 278.5(C), 278(A), 280, 280 M, 280(A) <, 280(B), 280(BB) M

#### Child abuse

273 M, 273.D(A), 273.4(A), 273(A), 273(A) M, 273(A)(A), 273(A)(B) M, 273(A)(1), 273(A)(1) M, 273(A)(1)(B) M, 273(A)(2) M, 273(A)A, 273(A)2 M, 273(B) M, 273(C)(1) M, 273(D), 273(D) M, 273(G) M, 273A, 273A M, 273A(A), 273A(A) M, 273A(A)(1), 273A(A)(1) M, 273A(A)(2), 273A(B), 273A(B) M, 273A(B), 273A(B

#### Assault and battery

240 M, 240/241, 240/241 M, 240/241.1, 240/241.1 M, 240/241.2 M, 240/241.3 M, 240/241.4, 240/241.6 M, 240/241(A), 240/241(A) M, 240/241(B) M, 240/241A M, 240/242 M, 240/243 M, 240/243.2(A) M, 240/243(A) M, 241.1, 241.1 M, 241.2 M, 241.2(A) M, 241.2(A)(1) M, 241.3 M, 241.4, 241.6 M, 241.7, 241(A) M, 241(B) M, 241/243 M, 241/243(B) M, 242, 242 M, 242(A) M, 242(A)(1) M, 242(D) M, 242/240 M, 242/241(A) M, 242/243, 242/243 M, 242/243.1, 242/243.2, 242/243.2 M, 242/243.3, 242/243.3 M, 242/243.35 M, 242/243.4(A), 242/243.4(A), 242/243.4(B) M, 242/243.4(C), 242/243.4(C) M, 242/243.4(D) M, 242/243.4(D) M, 242/243.4(A), 242/243.4A, 242/243.4D M, 242/243.6 M, 242/243.8 M, 242/243.9(A), 242/243.9(A) M, 242/243(A) I, 242/243(A) M, 242/243(B), 242/243(B) M, 242/243(C), 242/243(C) M, 243.2(A) M, 243.2(A) M, 243.3, 243.3 M, 243.35(A) M, 243.4, 243.4 M, 243.4 M, 243.4(A) M, 243.4(B), 243.4(B), 243.4(B) M, 243.4(C), 243.4(C) M, 243.4(D) M, 243.5, 243.5 M, 243.5(A)(1)

M, 243.5(A)(1) M, 243.5(A)(2 M, 243.5(A)(2) M, 243.5(B) M, 243.6, 243.6 M, 243.7, 243.8 M, 243.8(A) M, 243.9, 243.9(A), 243.9(B), 243(A) M, 243(B), 243(B) M, 243(C), 243(C) M, 243(C)(1), 243(C)(1) M, 243(C)(2), 243(D), 243(D) M, 244, 244.5, 244.5(B), 244.5(B) M, 244.5(C), 245, 245 M, 245.2, 245.3, 245.5, 245.5(A), 245.5(B), 245.5(C), 245(A), 245(A), 245(A)(1), 245(A)(1) M, 245(A)(2), 245(A)(2) M, 245(A)(3), 245(A)(3)(D)(1), 245(B), 245(C), 245(C) M, 245(D), 245(D)(1), 245(D)(2), 245(D)(3), 245B, 246, 246 M, 246.3, 246.3 M, 246(A), 247, 247.5, 247.5 M, 247(A), 247(B), 247(B) M

#### Domestic violence-related assault and battery

242/243E(1) M, 243(E) M, 243(E)(1) M, 243E M

#### Domestic violence-related rape

262, 262(A), 262(A)(1), 262(A)(2), 262(A)(3), 262(A)(4), 262(A)(5)

#### Elder/Dependent adult abuse

368, 368 M, 368<E) M, 368(A), 368(A) M, 368(A)(1), 368(A)(1) M, 368(B), 368(B) M, 368(B)(1), 368(B)(1) M, 368(B)(2), 368(C), 368(C) M, 368(D), 368(D) M, 368(E), 368(E) M, 368(F) M

#### **Homicide**

187, 187(A), 187(A)/1st, 187(A)2nd, 187(LIO), 187/190.2, 187/2nd, 189, 190(A), 190(B), 190(C), 190(D)

#### Rape

261, 261.2, 261.5, 261.5 M, 261.5(A), 261.5(A) M, 261.5(B) M, 261.5(C), 261.5(C) M, 261.5(D), 261.5(D) M, 261(A)(1), 261(A)(2), 261(A)(2)(3), 261(A)(2)/(3), 261(A)(3), 261(A)(3) M, 261(A)(4), 261(A)(4), 261(A)(4), 261(A)(5), 261(A)(6), 261(A)(7), 261(1), 261(2), 261(3), 261(4), 261(5), 261(6), 261(7), 261A(2)/262A(3), 262, 262(A), 262(A)(1), 262(A)(2), 262(A)(3), 262(A)(4), 262(A)(5), 264.1

#### Restraining order violations specific to domestic violence

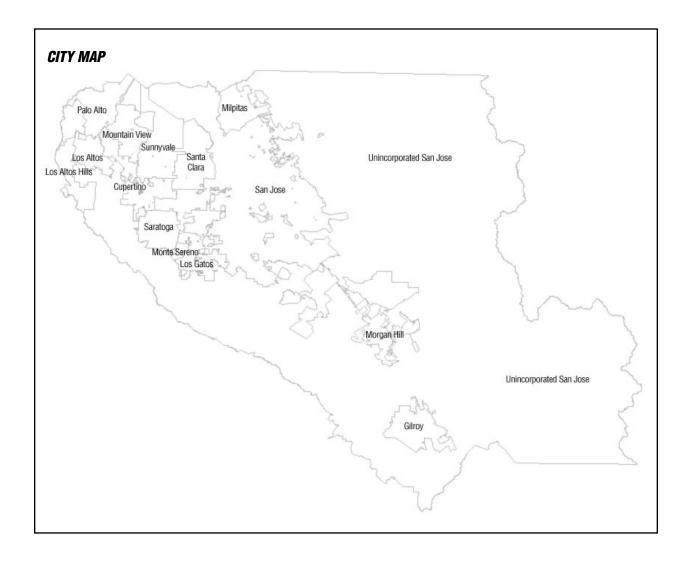
273.6, 273.6 M, 273.6(A), 273.6(A) M, 273.6(B) M, 273.6(C), 273.6(C) M, 273.6(C)(2 M, 273.6(D), 273.6(D) M, 273.6(E), 273.6A, 273.6A M, 273.65(A) M

#### Robbery

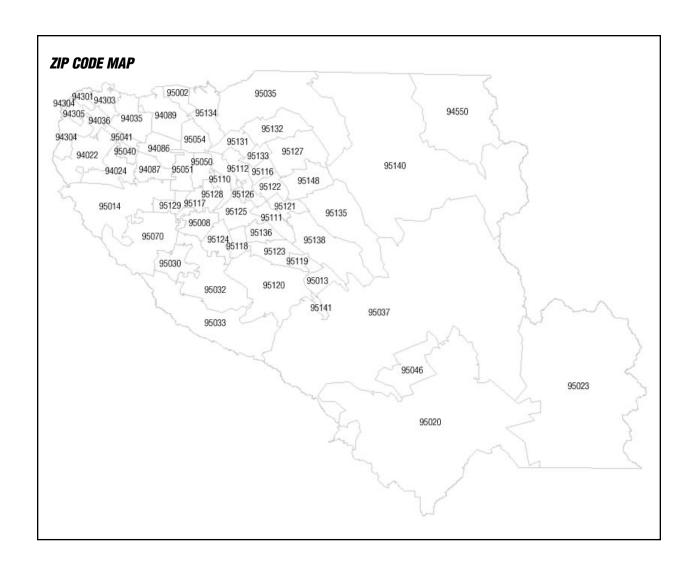
211, 211/212/5, 211/212.5(A), 211/212.5(B), 211/212.5(C), 211/212.5A, 211/212.5B, 211/212.5C, 212.5, 212.5(A), 212.5(B), 212.5(C), 213(A)(1), 213(A)(1)(A), 213(A)(2), 214, 215, 215(A)

# **Appendix B: GIS Mapping Reference**

As noted in Chapter 3: How to Use this Report and other sections, the geographic information system (GIS) maps only have freeways as geographic indicators due to size and space limitations. Thus, following are detailed maps showing the geographic boundaries and labels of cities, school districts and zip codes.







# **Appendix C: DV Penal Codes**

As noted in Chapter 8: Intimate Partner Violence, the District Attorney's Office reviewed an average of 98 new reports of domestic violence each week in 2001. Listed here are the penal codes and descriptions for domestic violence charges that were prosecuted.

- 273.5 (Domestic violence battery)
- 245 (Assault with intent to commit great bodily injury or assault with a deadly weapon)
- 243(D) (Battery with great bodily injury)
- 422 (Criminal threats)
- 273.6 (Violation of a restraining order)
- 166.4 (Violation of a court order)
- 243(e) (Misdemeanor domestic violence battery)
- 594 (Destruction of property)
- 273(a) (Child abuse)
- 136.2 (Intimidating or threatening a witness)
- 602.5 (Trespassing)
- 646.9 (Stalking)
- 187 (Homicide)

Note that other charges could also be attached depending on the facts of the case.

### **Appendix D: Glossary**

Adult: a person 18 years old or older.

**Aggravated Assault:** an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury; usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

**Arrest:** taking a person into custody, in a case and in the manner authorized by law. An arrest may be made by a peace officer or by a private person.

**Arrestee Drug Abuse Monitoring (ADAM) Program:** a National Institute of Justice-funded program that tracks trends in the prevalence and types of drug use among booked arrestees in urban areas. The data paints a national picture of drug abuse in the arrestee population and has been a central component in studying the links between drug use and crime.

**Assault and Battery:** any willful unlawful attempt to commit a violent injury and/or use of force upon another person.

**Average Daily Population (ADP):** the average number of inmates housed in a local facility per day. The values reported are based on each facility's "early morning" count.

**Child Abuse Perpetrator:** a person who has maltreated a child while in a caretaker relationship with that child.

**Child Maltreatment:** physical abuse, neglect, (physical, education, emotional, and/or medical), sexual abuse, emotional abuse (psychological/verbal abuse, mental injury), and other types of maltreatment, such as abandonment, exploitation, and/or threats to harm the child.

**Clearance:** when an offense is "cleared by arrest" or solved for crime reporting purposes, meaning at least one person has been arrested, charged with the commission of the offense, and turned over to the court for prosecution. An offense can also be "cleared exceptionally" when an investigation has definitely established the identity and exact location of an suspect, and there is enough information to support an arrest, but for some reason law enforcement cannot take the suspect into custody.

**Criminal Justice Statistics Center (CJSC):** within the California Department of Justice; its Crimes and Clearances database keeps the statistical data in California for offenses reported to the national UCR Program. The data includes the number of actual offenses and the number of clearances.

**Booked:** the arrest of a crime suspect.

**Behavioral Risk Factor Survey (BRFS):** a national cross-sectional telephone survey designed to monitor risk behaviors among Americans 18 and older and consisting of standard questions developed by the CDC to facilitate comparisons between counties and states that administer it.

Blue Suicide: refers to those cases where a decedent causes the police to shoot him or her.

**California Healthy Kids Survey (CHKS):** a school-based survey in California designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States.

**California Penal Code:** statutes that define criminal offenses and specify corresponding punishments along with criminal justice system mandates and procedures in California.

**Centers for Disease Control and Prevention (CDC):** the leading federal agency responsible for the control and prevention of infectious and other preventable diseases. The CDC works to protect the health and safety of people (at home and abroad) by providing credible information to enhance health decisions and promoting health through strong partnerships.

**Charge:** a formal allegation filed by the District Attorney that a specific person has committed a specific offense.

**Convicted:** a judgement, based either on the verdict of a jury or judicial officer or on the guilty plea of the defendant, that the defendant is guilty.

Crime: an act committed or omitted in violation of a law forbidding or commanding it.

**Domestic Violence:** the escalating pattern of behavior where one partner in an intimate relationship controls another through force, intimidation or the threat of violence.

**Elder Abuse:** refers to any abuse or maltreatment of an older person, whether it is at home (domestic elder abuse); in a nursing home or other facility (institutional elder abuse); or to himself or herself (self-neglect or self-abuse).

**Emergency Protective Restraining Order (EPRO):** a restraining order that can be implemented immediately and extends for up to seven days in case of a dangerous and urgent situation. A police officer can call the on-call judge anytime and ask for an EPRO.

**Felony:** a serious offense punishable by incarceration in prison.

**Financial Elder Abuse:** a specific type of maltreatment of the elderly that includes the illegal or improper use of an elder's funds, property or assets.

Forcible Rape: defined by the UCR as the carnal knowledge of a female forcibly and against her will.

**Grant:** the act of placing an adult on probation.

**Hate Crimes:** when hate or bias directly incites perpetrators to commit violence against persons or property, or if they place a victim in reasonable fear of physical injury because of their race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability.

**Hate Incidents:** activities of a non-criminal nature such as name-calling, speech-making, demonstrations, and distribution of printed materials that are intentionally designed to defame individuals of a group because of their race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability.

**Health:** a state of physical, mental, and social well being and not merely the absence of disease and infirmity.

**Healthy People 2010:** national health objectives that have the overarching purpose of promoting health and preventing illness, disability, and premature deaths. There are 467 objectives in 28 focus areas, one of which is Injury and Violence.

**Homicide:** the willful (non-negligent) killing of one human being by another.

**Infraction:** a less serious offense punishable by fine or other penalty, but not by incarceration.

**International Classification of Diseases (ICD):** a system developed jointly between the World Health Organization (WHO) and 10 international centers so that medical terms reported by physicians, medical examiners, and coroners on death certificates can be classified together for statistical purposes.

**Intimate Partner Violence:** actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner whether of the same sex or the opposite sex.

**Jail:** a county or city facility normally used to confine persons serving sentences for misdemeanors, persons awaiting trial or sentencing on felony or misdemeanor charges, and persons confined for civil matters such as failure to pay alimony and other types of contempt of court.

Jurisdiction: the territory, subject matter, or person over which lawful authority may be exercised.

**Juvenile:** a person under the age of 18.

**Kidnapping:** when a person is taken or detained against his or her will, including hostage situations, whether or not the victim is moved.

**Mandated Reporter:** any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation.

**Misdemeanor:** an offense punishable by incarceration in jail, a fine or other penalty; less serious than a felony.

**National Crime Victimization Survey (NCVS):** a nationwide survey of 42,000 households each year comprising nearly 76,000 persons to make up the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

**National Incident-Based Reporting System (NIBRS):** law enforcement authorities provide information to the FBI on each criminal incident involving 46 specific offenses, including the eight Part I reportable crimes, that occur in their jurisdictions. Details about each incident include information about multiple victims and offenders. Arrest information on the 46 offenses plus 11 lesser offenses is also provided.

**Network for a Hate-Free Community:** its mission is to reach out, report, respond and rebuild in an effort to prevent and take action against hate in our community.

**Non-Mandated Reporter:** any person who knows or reasonably suspects that an elder or dependent adult has been the victim of abuse in any place other than a long-term care facility.

**Parole**: an added period of control following release from prison.

**Permanent Restraining Orders:** a restraining order that must be applied for and can extend for up to three years.

**Prevalence:** The number of events or instances of a given disease or other condition in a given population at a designated time.

**Prison:** a state correctional facility where persons are confined following conviction for a felony.

**Probation**: a judicial requirement that a person fulfill certain conditions of behavior in lieu of or after a sentence of confinement.

**Race/Ethnicity:** different categories are used when referring to race or ethnicity and assumptions regarding these categories change over time in response to greater awareness of the meaning and relevance of race, ethnicity and geographical origin. The following are race/ethnicity categories used in this report:

**American Indian/Alaska Native (AN):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black,** African American: a person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

**Asian Other or Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino/a".

Other or White/Other: other and refused to state/unknown race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Rape:** defined by the California Penal Code as an act of sexual intercourse accomplished against a person's will.

**Rate:** the basic measure of disease or event occurrence that most clearly expresses the probability of risk in a defined population over a specified period of time. A rate is defined as a number of events divided by the population at risk.

**Restraining Order:** a court order that requires the person restrained to stop threatening or hurting the party seeking the restraining order. The abuser must be someone with whom there is a close relationship, such as a family member or intimate partner. Restraining orders can also require the person restrained to stop calling the victim, move out of the victim's residence, stay away from the victim's place of work and residence, give up a gun, limit time spent with children, and pay certain expenses.

**Robbery:** 1) defined by UCR as the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear. 2) defined by the California Penal Code as the felonious taking of personal property in the possession of another, from his person or immediate presence, and against his will, accomplished by means of force or fear.

**Sentinels:** socially trained individuals who have frequent contact with the elderly.

**Sexual Assault:** any unwanted sexual contact or forced sex that includes oral, anal, or vaginal intercourse in situations where threats, physical force or a weapon is used or when a person is unable to consent due to age, drugs, alcohol, sleep or mental disability.

**Sexual Battery:** any unwanted touching of an intimate part of another person for purposes of sexual arousal.

**Suicide**: the action of taking one's own life voluntarily and intentionally; also known as self-murder.

**Superior Court:** the court of original or trial jurisdiction for felony cases and all juvenile hearings; the first court of appeal for municipal or justice court cases.

Uniform Crime Reporting (UCR) Program: a national, cooperative statistical effort of nearly 17,000 city, county and state law enforcement agencies that voluntarily report data on eight specific crimes (criminal homicide, forcible rape, robbery, assault, burglary, larceny-theft, and motor vehicle theft) known as Part 1 reportable crimes.

Violence: the threatened or actual use of force or power against another person, against oneself, or against groups or communities that either results in, or has the high likelihood of resulting in, injury (physical or psychological), death, or deprivation.

Violence Prevention Information Library (VPIL): its mission is to provide relevant, high quality violence-related data to agencies, departments, task groups, and programs operating in Santa Clara County and to the public.

Workplace Violence: violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

# **Appendix E: Demographic Profile**

	MALE	FEMALE	TOTAL
Gender	913,446	881,686	1,795,132
Age			
<5	69,229	65,556	134,785
5-9	71,183	67,564	138,747
10-11	28,459	26,681	55,140
12-14	37,489	35,331	72,820
15-17	35,442	33,380	68,822
18-24	76,783	72,153	148,936
25-29	58,786	54,428	113,214
30-34	74,667	65,908	140,575
35-39	88,775	77,427	166,202
40-44	88,958	78,990	167,948
45-49	70,905	65,888	136,793
50-54	58,349	58,578	116,927
55-59	43,671	45,449	89,120
60-64	34,386	35,909	70,295
65+	76,364	98,444	174,808
Race/Ethnicity			
White	422,108	416,948	839,056
Hispanic	227,900	210,258	438,158
Asian/PI	227,989	221,401	449,390
African Americ	an32,932	30,452	63,384
Native America	an2,517	2,627	5,144



The Public Health Department is a division of Santa Clara Valley Health & Hospital System, which is owned and operated by the County of Santa Clara.

www.sccphd.org